Winter 2003

Medical Alumni Bulletin

School of Medicine, University of North Carolina at Chapel Hill

Promises, promises...

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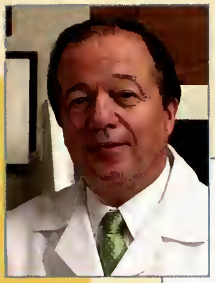
The N.C. Children's Promise radiothon raised thousands of dollars – and invaluable awareness – for the N.C. Children's Hospital. An inside look at a very special day.



from the dean

Dear Alumni and Friends:

In earlier columns in the *Medical Alumni Bulletin*, I have shared information and observations about the School of Medicine's involvement in the university's Carolina First capital campaign. I wish to use this column, at least in part, to update you on our progress and future goals.

The so-called public phase of the university's campaign was observed and celebrated by the campus on Oct. 12 in conjunction with University Day. The rate of progress on the overall campaign was judged to be sufficient to warrant "raising the bar" from the previous target of $1.5 billion to $1.8 billion. The timeline has been extended one year to June 30, 2007. The School of Medicine, along with a few other campus units, has made excellent progress toward our initial goal, which figured prominently in the university's decision to elevate the overall goal of the campaign. The school's component of the campaign, which we call "The Promise of Discovery: The Case for Private Investment in Medicine," has been increased from $300 million to $350 million — an ambitious target, but one we are optimistic can be realized.

We are profoundly grateful for the proud track record of private support for the School of Medicine, most notably from our very loyal alumni, but also, of course, from substantial charitable giving by a host of other friends and benefactors. I also should note the generous giving by the school's faculty and staff, particularly during times of budgetary austerity.

Each of you doubtless is aware of the ever more prominent role played by private giving in most U.S. medical schools, including your alma mater. Such private support correctly is viewed as constituting the margin of excellence for all aspects of our academic mission. Whether used for endowed professorships, student scholarships, program development funds or for the state-of-the art physical facilities needed by faculty and students alike, your gifts and those of our other benefactors are crucial components of our shared vision for an ever-more outstanding School of Medicine.

These observations apply forcefully to the school even in times when the State of North Carolina is positioned to sustain its customary generous level of taxpayer support of UNC-Chapel Hill and our sister institutions. In the fiscal year ending June 30, state funds available to the School of Medicine were reduced by roughly 7 percent from the prior year. In the current fiscal year, cuts sustained to date — not yet halfway through the year – are of the same magnitude as we experienced all of last year, and yet further so-called "reversions" of state funds may be in store. Although some hopeful early signs of economic recovery in North Carolina can be discerned, there is a very good likelihood of even more cuts to the school's state dollars in the next fiscal year.

For the past six years, there have been continued cuts in state support of the medical school. Since 2000, support staff have received only $650 in pay increases. Salaries for faculty fell to the 25th-50th percentile compared to other medical schools. The Dean's Office has cut 13 percent from the total budget, in addition to cuts from the state appropriation.

Our commitment to growth has not wavered. Fueled by volume increases in grants, private philanthropy and clinical care, the School of Medicine has absorbed cuts and still set aside 1 percent of the budget for new program growth. New programs in genomics and proteomics have been developed with plans to hire 40 new faculty members.

However, no more cuts can be absorbed without cutting programs. We've already had to limit the class size in Allied Health Sciences and close a rehabilitation program. We need your continued support and contributions and help in urging the N.C. General Assembly and the U.S. Congress to stop the cuts and continue their support of our mission to serve North Carolina.

These developments, difficult as they are to bear, should not be allowed to obscure the great opportunities that lie before the School of Medicine. We are blessed with deep and widespread support for our missions throughout all areas of the state. We enjoy a remarkably talented student body, fully committed to the profession of medicine and service. Our faculty are exceptionally gifted and devoted to teaching, research and patient care. We have a loyal and hard-working cadre of support staff who perseveres in their duties despite a succession of years in which their net earnings generally have not increased, and in many instances actually have shrunk.

I shall look forward to opportunities in the coming months to update you on our continuing progress with the Carolina First campaign. But more importantly, to highlight the many achievements of our faculty, staff and students made possible by your generosity and enduring affection for the School of Medicine.

Jeffrey L. Houpt, MD
Dean, School of Medicine
Vice Chancellor for Medical Affairs
CEO, UNC Health Care System

contents

COVER STORY
Pick up the phone and make that pledge 2

FEATURES

A different style of physician 14

You have to crawl before you can walk 18

All in the family 22

Mission-minded 24

DEPARTMENTS

From the Dean ..... Inside Front Cover

Special Events 10

Faculty 26

News 28

Alumni 31

Research 32

Development 36

From the President 40

CME/Alumni Calendar ..... Back Cover

page 14

page 18

page 22

on the cover

Patients, families, faculty and staff turned out in force to make the first N.C. Children's Promise radiothon a huge success.

(Cover photos by Brian Strickland.)

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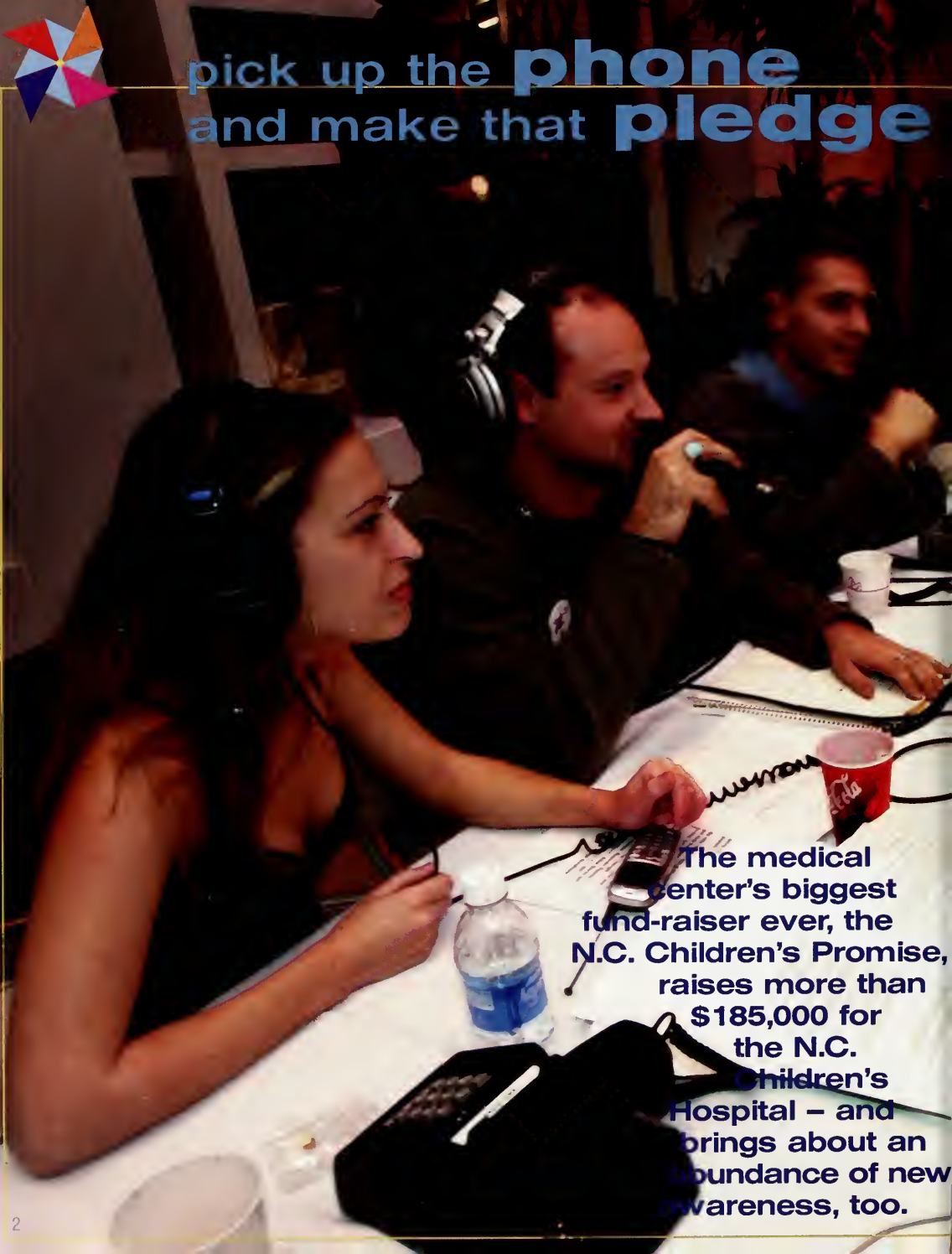
pick up the phone and make that pledge



The medical center's biggest fund-raiser ever, the N.C. Children's Promise, raises more than $185,000 for the N.C. Children's Hospital – and brings about an abundance of new awareness, too.

Photos by Brian Strickland

By Eleanor Lee Yates

It was 4:45 a.m. on Nov. 20, and radio talk show hosts scurried about preparing for their morning shows. On this day, however, they were not in their studios, but in the lobby of the North Carolina Children's Hospital. Instead of shows packed with the normal music, on-air chitchat and news commentary of any typical weekday morning, a fund-raising radiothon put the spotlight on the Children's Hospital.

With seconds before airtime, "Chopper" Harrison of WBBB 96.1 scanned a clipboard with facts about the radiothon. The spacious facility in which he sat has a cheerful ambience with art, rugs and sculpture. It's the newest gem within the UNC Hospitals system. But the building itself didn't rally all the support. Seeing young patients from all over North Carolina struggle with illnesses too serious to be treated in their communities galvanized radio personalities and hundreds of volunteers.

"When you take a tour and see the children in the ICU, it pulls on your heart strings," Harrison said. So on Nov. 20, for 20 hours – 5 a.m. until 1 a.m. the following morning – the radio stations of Raleigh-based Curtis Media Group asked listeners throughout North Carolina to call 1-866-9NCKIDS and donate $20.

And they did — by giving more than $185,000.

A new approach to fund-raising

Jacob Lohr, MD, greets soccer phenomenon Carla Overbeck, right.

The success of the N.C. Children's Promise radiothon marked a turning point in medical center fund-raising. Never before had UNC Hospitals approached the public en masse, and in such a splashy, media-entrenched manner as a radiothon.

Understanding the special needs of a children's hospital, and the unique ways in which they can be marketed, UNC Health Care's Public Affairs and Marketing department initiated talks in early 2002 with area media outlets interested in becoming partners to raise awareness and money for the N.C. Children's Hospital.

Curtis Media, owned by UNC alumnus Don Curtis, heeded the call. Months of planning resulted in what is now estimated as a $2.5 million event, including funds raised, donated airtime and gifts in-kind from additional businesses, such as promotional billboards, food and other services needed to make the radiothon a reality.

The countdown begins Nov. 20 at 5 a.m.

November 20, 2002

5 a.m.
Curtis Media radio stations go on the air with the Children's Hospital Radiothon.

Bob Lacey and Sheri Lynch

5:30 a.m.
Pledge calls to volunteers trickle in at an increasing rate.

6:30 a.m. $850 raised. Carolina Courage star and member of All-American Women's Soccer World Championship Team Carla Overbeck, along with Courage Assistant Coach Susan Ellis, visits the hospital.

Jacob Lohr, MD, professor of pediatrics, recalled when a Curtis Media official toured the hospital last May.

"You could see he was getting energized. He asked specific questions and by the end of the tour he was very excited," Dr. Lohr said.

That person was Phil Zachary, senior vice president at Curtis.

"These physicians have such grace," Zachary said. "These are the heroes doing the miracle work. We came away feeling we had to do something and this seemed like a good fit. We're using the power of our company for a good cause."

UNC officials, awed by a corporate commitment as great as Curtis', expressed their own excitement and appreciation not only for donated funds but awareness about the Children's Hospital which the radiothon was creating in listeners' minds.

"This is truly a hospital of the state's people and many don't know about it. The radiothon is getting the word out," said Alan Stiles, MD, chair of the Department of Pediatrics and physician-in-chief of the Children's Hospital.

The event takes off

By 6 a.m. the jingle jangle in the phone room grew louder. UNC freshman Sally Baskerville and junior Megan Campbell were among the volunteers working two-hour shifts.

Pledges began to pour in, many for more than $20.

Around 6:30 a.m., Carolina Courage Assistant Coach Susan Ellis entered the lobby with Courage star Carla Overbeck. The professional women's soccer team won the national championship this fall. Overbeck was also an All-American on several UNC NCAA national championship teams and a star on the U.S. 1999 championship World Cup team. This visit wasn't a one-time celebrity pop-in. Ellis' 7-year-old cousin has bone cancer and receives treatments at the hospital. She and members of the Courage regularly visit many of the young patients.

Joining the Curtis stations in the radiothon was the Charlotte-based and nationally syndicated morning drive-time program "Bob & Sheri." hosted by Bob Lacey and Sheri Lynch.

"It's great to be able to help this wonderful hospital. And nobody is asking for a ton of money today," said Lacey.

"Right now we're making them aware of this. It's a little early," Lynch added. "People's mornings are hectic but we hope they will call later."

Jeffrey L. Houpt, MD, dean of the School of Medicine and chief executive officer of the UNC Health Care System, said the tight economy was an important reason for North Carolinians to learn about the Children's Hospital.

"During this recession many people have lost their jobs and their insurance. This is a hospital for children with very

7:30 a.m.
$29,225 raised.

9:10 a.m.
$52,485 raised.

12:10 p.m.
Diamond Rio sings "One More Day" and other country hits to crowds in lobby.

4 p.m. Muddy the Mudcat arrives at the hospital, to the delight of children and grown-ups.

1:50 p.m.
$85,128 raised.

serious needs," Dr. Houpt said, adding that families in true need are not turned away.

Carolyn Viall, RN, clinical nurse director for Children's Services, feels a separate children's facility will mean more visibility for the hospital, as well as expanded services to the state's children.

By 9:10 a.m., the radiothon had pulled in $52,485.

Nicole Deaton, a 17-year-old senior from Troy, had traveled to Chapel Hill with her father, Adrian. Deaton, along with her physician, Duncan Phillips, MD, went through a round of interviews with the radio hosts, telling her story and how the Children's Hospital helped her the past three months. The victim of an auto accident, Deaton has come a long way since groggily hearing a paramedic say she was not going to make it. Deaton suffered a fractured skull, collapsed lungs, facial fractures, a broken pelvis, three fractured vertebra, a broken arm and more. She was whisked away by helicopter to the Children's Hospital, where she remained in intensive care for weeks.

"This hospital was wonderful. They accommodated any need we had," her father added.

Special guests drop in

Around 11 a.m., the country music band Diamond Rio arrived at the hospital to give their time and talent to the children. During a tour of the hospital, the 1-pound premature babies and the children with cancer visibly touched the performers.

Country music group Diamond Rio played for a huge audience in the Children's Hospital lobby.

"Aside from the celebrity, we're like everyone else. We've got families," lead guitarist Jimmy Olander said. "Why are we doing this? In a way it's selfish. We get such a good feeling by being here. It's really humbling."

Olander recently adopted a healthy baby boy. Being at the hospital just made him grateful, he said.

November 21, 2002

4:20 p.m.
Pledges hit milestone $104,346.

8:45 p.m.
$150,902 raised.

12:30 a.m.
More than $8,000 counted from donations dropped in a cash box in the lobby.

1 a.m. $183,253 pledged

'Through Tar Heel glasses'

Company owned by UNC alumnus steers its community outreach to help kids

By Tom Hughes

It should come as no surprise to anyone who knows Don Curtis that he used his 14-station radio network to stage the largest fund-raiser ever undertaken for the N.C. Children's Hospital.

After all, the president and CEO of the Curtis Media Group, by his own admission, looks at the world "through Tar Heel glasses."

Curtis, a native of Bessemer City, N.C., graduated from the University of North Carolina at Chapel Hill in 1964 after completing studies in broadcasting and business administration. During his time as a student in Chapel Hill, he was active in student government, twice serving as president of the student body during summer school.

He is still very much involved in service to various parts of the Chapel Hill campus. Curtis serves on the board of visitors for the School of Journalism and Mass Communication and is participating in the fund-raising campaign for the renovation of Memorial Hall into an industry-leading facility for the performing arts. He previously served on the university's national development council and board of visitors.

Curtis and his family have a deep connection to UNC-Chapel Hill, the School of Medicine and UNC Hospitals. His wife, Barbara, was successfully treated for cancer at UNC more than 30 years ago, before the UNC Lineberger Comprehensive Cancer Center was created. Curtis remains very appreciative of the care his wife received and has served on the Lineberger Center's board of directors for more than 10 years. His brother, John R. Curtis, MD, graduated from the School of Medicine in 1960. And his daughter, Donna McClatchy, graduated from UNC-Chapel Hill in 1993. His son-in-law, Billy McClatchy, has an MBA from UNC.

Don Curtis started his career in radio long before his first semester in Chapel Hill. In 1957, when Curtis was just 15 years old, he applied for a job as a weekend announcer at WKMT in Kings Mountain, N.C. He didn't get the announcer's job, but the station owner did agree to sell him an hour of airtime each week, which Curtis then resold to merchants in Bessemer City. By his senior year in high school, Curtis was buying and re-selling a daily one-hour show on WLTC in Gastonia, in addition to the weekly Saturday show on WKMT. Curtis was totally responsible for selling, collecting and producing both shows. He was usually the on-air talent as well.

"I started out as a high school disc jockey," Curtis recalled recently, "and I've been involved in broadcasting ever since."

Don Curtis

After graduating from UNC in 1964, Curtis returned to Bessemer City and became a cable television pioneer at the age of 25. With the backing of business leaders in Gastonia, he organized Cablevision, Inc., which obtained cable TV franchises in nine nearby communities. Cablevision, Inc. was sold in 1967, and Curtis returned to radio, becoming one of the youngest people ever to be a licensee of a radio station in North Carolina.

That same year, Curtis built radio station WCSL in Cherryville, N.C. Later in the year, his new firm, Curtis Radio Group, purchased additional stations in Laurinburg and Greenville. Since then, Curtis has continued to buy larger stations and sell off the smaller ones to finance the growth. From 1970 to 1990, Curtis and his companies completed 27 such transactions, totaling more than $50 million. By 1978, his radio station in Laurinburg had become one of the highest-billing small markets in the country, with billings exceeding $800,000 in a county with a population of only 35,000.

In April 2002, the North Carolina Association of Broadcasters recognized Curtis' accomplishments by inducting him into its Hall of Fame, an honor that also had been accorded previously to legendary newsman Edward R. Murrow. "It's sort of nice to be in that company," Curtis said.

His plans for the future are to continue growing the Curtis Media Group at a moderate rate while keeping it locally owned and operated, so that it will remain what he refers to as "a large mom-and-pop" business. And most of that growth will be in North Carolina, Curtis said.

"We've got great colleges and universities, a great climate, we've got mountains and beaches ... It's just a great place to live. I look at the world through Tar Heel glasses," Curtis said.

Name: Donald (Don) W. Curtis
Wife: Barbara Curtis (née Hoffman)
Education: Bachelor of Arts, UNC-Chapel Hill, 1964
Hometown: Bessemer City, N.C.
Children: A daughter, Donna McClatchy, 32; one grandchild, another on the way

Shortly past noon, Diamond Rio played to a lobby packed with hospital staff, patients and visitors. Up front were young hospital patients. Behind them were hospital employees, including one who admitted she was "supposed to be in a meeting" but had to stop and hear Diamond Rio.

As the afternoon wore on, Corry Platt took his turn giving interviews. His baby son, Sam, was born in June with Renal Vein Thrombosis, an extremely rare blood clotting disease. After a battery of tests, Children's Hospital doctors identified the disease. Now at home, Sam is faring well but the future is filled with uncertainties. Platt said over 100 people at the Children's Hospital have had a hand in Sam's care.

Dean Jeffrey Houpt gave numerous on-air interviews.

By 4 p.m., the radiothon had raised $97,713. Eric Munson, UNC Hospitals chief executive officer, was thrilled.

"This is a dream come true," he said, adding he was inspired by the callers, many who said that they had healthy children and wanted to donate out of gratitude.

A sampling of calls and gifts:

- Randy Hicks' son was treated for Crohn's Disease at the hospital, and he wanted to make a thank-you pledge.
- Truck driver John Lee pledged $100 and challenged other truckers to match or exceed his pledge.
- Larry Sharpe contributed and challenged members of his Masonic fraternity to do the same.
- John Corey donated $20 for each member of his family, totaling $120.
- Carolina Hurricanes captain Ron Francis pledged $1,000.
- UNC Hospital nurses challenged the doctors — and won.
- Seventeen-year-old Savak Allen walked in with a check for $527, money raised from a gospel concert she organized as a senior project at South Johnston High School.

The final push begins

In the lobby, another group of radio personalities took their chairs, beginning their shows as the day crew packed up.

"These children have happy faces despite their illnesses. I'd be scared to death," said Mike Wheless, co-host of WQDR 94.7's Mike and Morgan Show. "But there's so much love here. Your forget it's a hospital."

Next to him, Chopper Harrison finished an interview with the family of a young heart patient.

"This is why we're here. We need you to call," Harrison told his audience.

Rush hour traffic brought a flurry of more calls. By 7:45 p.m. the total stood at $142,006.

WPTF 680 talk show host Jerry Agar, the father of five, said he will never forget the children he saw in the intensive care unit. The radiothon was a labor of love for him, but he was also impressed by the teamwork.

"Everyone did their jobs. The engineers. The people who took the calls. The people who brought in food and drinks. Everyone," he said.

Phones rang throughout the night. When teen-aged leukemia patient Manuela Spanjic appeared for an interview at 9:10 p.m., $150,901 had been raised. Throughout the evening, the radio hosts worked diligently.

"You're blessed. Make others blessed. Pick up the phone and make that pledge," one announcer said.

At 10:55 p.m., the total stood at $160,00.

Around 11p.m., 10-year-old liver transplant patient Jenna McCarley couldn't sleep and talked her nurse into bringing her down for a radio interview. McCarley was awaiting biopsy results.

"Please donate $20 so these people can go home and get their rest," the girl quipped.

At 1 a.m. Nov. 21, the radio hosts and a handful of volunteers and hospital staff crowded around, waiting for the final total.

A cry went up, as yet another number was posted on a large tally board in the center of the lobby.

The final figure.

Callers, online auction participants, contributors walking into the lobby, volunteers and generous sponsors had raised $183,253 on a day that belonged exclusively to the children of North Carolina.

And money continues to come in.

Eleanor Lee Yates is a former reporter for The Fayetteville Observer. *She is a frequent contributor to the* Medical Alumni Bulletin.

• • • •

You may still contribute to the N.C. Children's Promise fund-raiser. To make a gift or for more information, please call The Medical Foundation of North Carolina Inc. at (800) 962-2543.

By 1 a.m., over $183,000 had poured in through phone calls, the Internet and in-person giving. Generous contributors have continued making gifts and have written heart-tugging letters of appreciation.

The numbers

14 – Number of Curtis Media Group radio stations participated

6 – Number of radio stations broadcast from the lobby

175 – Number of Curtis Media employees who pitched in

More than **800,000** radio listeners

20 – Number of UNC physicians who gave radio interviews

20 – Number of patients and families who told their stories on air

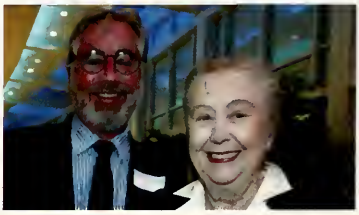
More than 330 volunteers participated

More than 40 businesses donated food and services

20 collection points throughout the state

$183,253 – Final total at 1 a.m. Nov. 21

special EVENTS



The Celebration has raised nearly **$30,000** since its inception

On Sept. 21, the boards of visitors for the N.C. Children's and Women's Hospitals hosted their second annual benefit gala, The Celebration, to raise money for women's and children's health services. This year's theme was "North Carolina From the Mountains to the Coast," in celebration of the hospitals providing care to women and children from all 100 N.C. counties and the UNC research from which patients benefit.

Participants enjoyed food, beverages and entertainment from around the state. The Embers took to the stage as guests danced the night away.

The Celebration is still in its infancy but has raised nearly $30,000 for patient programs at the Women's and Children's Hospitals since 2001. Support from North Carolina's corporate community is critical in helping raise awareness of this event as well as to increase the revenues it generates for patient support and programs.

Organizers also would like to offer special thanks to the following:

Gold Level supporters

CCB Wealth Management, Chapel Hill

Franklin Street Partners, Chapel Hill

Silver Level supporter

First Citizens Bank, Raleigh

Photos by Brian Strickland

Photo by Jay Mangum

Representatives of the Charlotte and Harrisburg fire departments honored the N.C. Jaycee Burn Unit for its care of Josh Earley, who died from the extensive burns he received while fighting a house fire last year.

Photo by Jay Mangum

Whitehall Lecture: Nicholas Shahen, MD, right, gave the annual Whitehead Lecture.

Photos by Brian Strickland

Fall Alumni Weekend

School of Medicine alumni and Loyalty Fund Scholarship students turned out in force for the annual banquet.

Awards!

Faculty, administrators and supporters were busy this fall with a series of annual awards ceremonies and lectures, including the H. Fleming Fuller Award and the Ernest Craige Lecture.

Photos this page by Jay Mangum

Nursing Award
Dean Jeffrey Houpt, left, appeared at the 2002 Nursing Recognition Awards ceremony. Each year, six nurses are honored at the Biannual Medical Staff Meeting.

A different

OB-GYN, radiology professor realized early on

Photos by Brian Strickland

Nancy Chescheir, MD

style of physician

she could offer women a unique approach to care

By Rebekah Butler

When Nancy Chescheir, MD '82, came to UNC as a freshman, she never imagined that she would be on the School of Medicine's faculty. With similar irony, as a first-year medical student the only specialty she was certain she did not want to pursue was the one that has become her life's work.

A professor of obstetrics and gynecology and radiology, Dr. Chescheir has spent her entire career with the School of Medicine. And except for one year between earning her bachelor's degree and entering medical school, the current Medical Alumni Distinguished Professor has been at UNC, in some capacity, since first arriving in Chapel Hill in 1973.

Born: June 22, 1955, in Rockville Center, N.Y.
Husband: George M. Chescheir III, PhD
Children: Alex, 18, and Stuart, 16
Personal Interests: Reading, photography and traveling

Born in New York and raised in Kentucky, Dr. Chescheir decided to attend UNC for several reasons. Her interest in marine biology and desire to attend a state university were two driving forces behind her decision. She also had family who lived in Chapel Hill — Herb Proctor, MD, a former UNC trauma surgeon, and his wife, Barbara.

It was not until her senior year in college that Dr. Chescheir felt the urge to attend medical school. A zoology major, her focus began to change when she took a part-time job during her junior year in the laboratory of Mario Battagalini, MD, a Department of Medicine faculty member. While her duty initially was to wash lab equipment, it was not long before she was promoted to a lab assistant.

A defining moment for Dr. Chescheir occurred that same year when on a spring break trip to the Florida Keys she discovered a new mollusk. "I picked up this mollusk and my professor, who was a brilliant man, became very excited because I had found a mollusk that had never before been discovered. The discovery really didn't excite me. I realized I liked people more than critters."

During her senior year, Dr. Chescheir applied to several medical schools, including UNC, but was not accepted by any of them. "I'd like to say it was because of the fluke of not really having a state in which I was considered a resident since my parents moved to New York the day after I graduated from high school in Kentucky and then I came to North Carolina. It was really probably that I didn't have a very strong application," she said.

Dr. Chescheir took a job in Research Triangle Park with a research laboratory that looked at the mutagenesis of air pollutants. She also began volunteering in UNC Hospitals' emergency room. That same year, Dr. Chescheir again took the MCAT and reapplied to several medical schools. She then was accepted to two of the three schools to which she applied. Familiar with Chapel Hill and upon the advice of Dr. Proctor, Dr. Chescheir decided to continue her education at UNC.

Unsure of the particular field of medicine she would specialize in, Dr. Chescheir was sure when she began medical school that she did not want to specialize in obstetrics and gynecology. Her perspective changed, however, between her first and second years of medical school.

That summer she lived in a hospital in rural North Carolina. During the day, she had the opportunity to experience different aspects of medicine both in the hospital and surrounding community. At night she was on call to observe deliveries.

Ten babies were born in the hospital that summer. Doctors came in for two deliveries — the only two covered by private insurance. Nurses delivered the babies of the eight uninsured patients. "Even when the doctors made it in for the deliveries, they didn't even talk to the patients. The lack of professionalism was unbelievably appalling and it was insulting as a woman to see these women treated this way. While I am sure what I observed was atypical, I realized the need for a different style of physician in women's health care," she said.

Dr. Chescheir solidified her decision during her third year while working with Jim Hall, MD, a physician at Carolinas Medical Center. "I am in OB/GYN because of him. He was an exact opposite kind of doctor from the ones I had previously observed. He nurtured me, pushed me along and worked me very hard."

Upon graduating, Dr. Chescheir remained at UNC for her residency. She had decided to specialize in gynecologic oncology, but changed her mind during her second year. "I had way too much transference with the young oncology patients and went home unhappy and carting my work with me way too often. I realized that although I thoroughly enjoyed the patients and the science, the emotional aspects of oncology were more than I could handle," she said.

Dr. Chescheir's own pregnancy with her first son during her second year helped confirm for her that she indeed wanted to be in obstetrics. She completed her residency and continued with a fellowship in the Division of Maternal-Fetal Medicine, enhancing her expertise in ultrasound and prenatal diagnosis.

After completing her fellowship, Dr. Chescheir joined the School of Medicine's faculty as an assistant professor. She also was appointed the director of obstetrical ultrasound shortly thereafter. One of the first contributions she made as a faculty member was in helping to establish UNC's first prenatal cardiology program.

Since then, Dr. Chescheir has risen through the faculty ranks and held numerous positions both inside and outside the Department of Obstetrics and Gynecology. She has served as interim chair of the department and as associate dean of curriculum, among others. "I've had many jobs here at UNC, but most of them haven't been things I've set out to do. They've just serendipitously happened," she said.

Currently, Dr. Chescheir is director of the Center for Maternal and Infant Health's fetal therapy program and medical director of Obstetrics and Gynecology Ambulatory Services. Her daily responsibilities include staffing the high-risk obstetrics service and ultrasound unit and seeing patients in the private obstetrics service. She also takes night call in labor and delivery as well as performs and assists with fetal interventions.

"The best part of my job is to confirm for a woman that things are absolutely fine with her baby," Dr. Chescheir said. When she does have to report bad news to a family, she tries to help them cope with the diagnosis. "I really try to help the family deal with the grieving they are going to have so that they can then become knowledgeable of the baby's disorder."

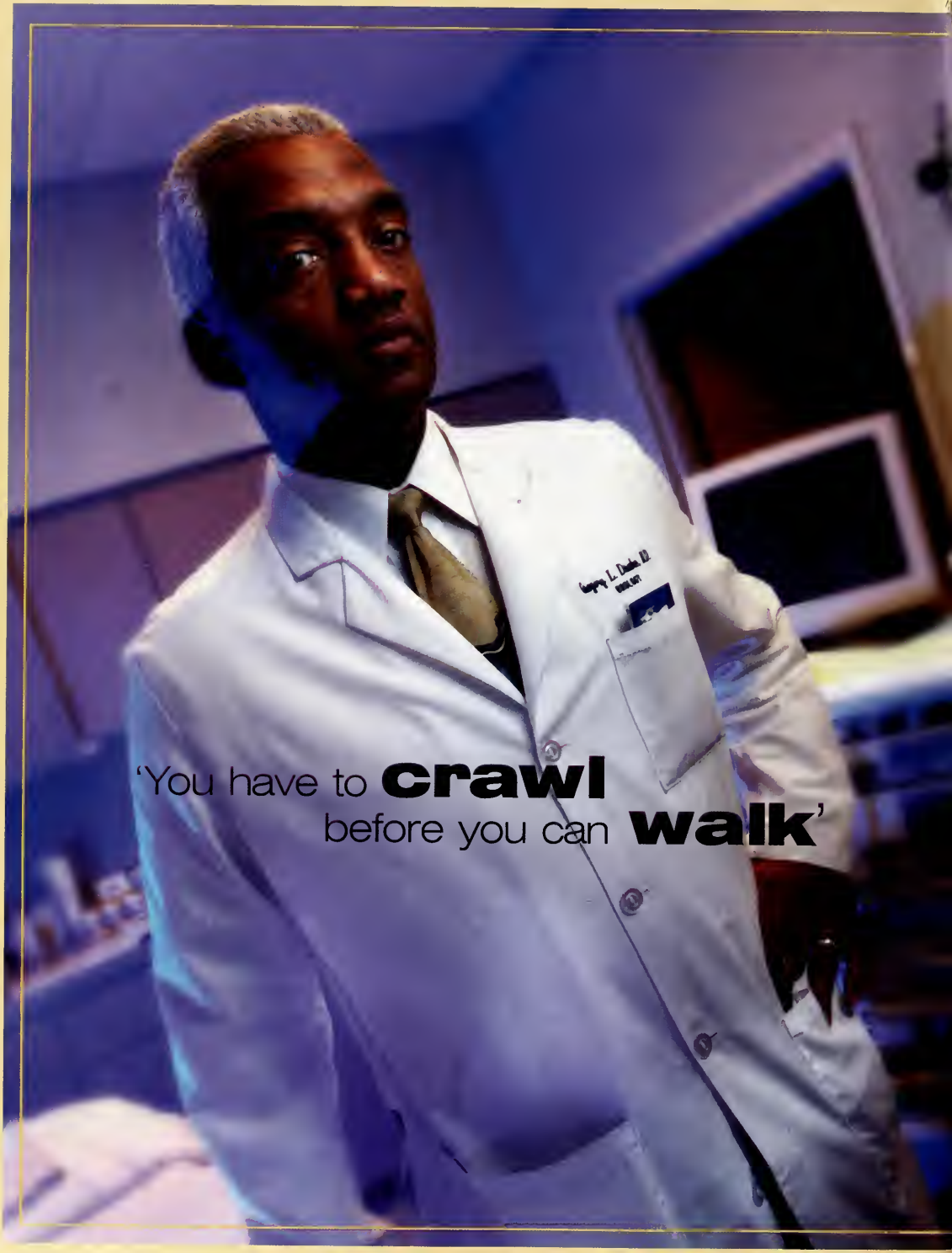
Besides diagnosing fetal abnormalities, Dr. Chescheir and a multidisciplinary team of other health care professionals have performed 10 fetal surgeries to correct side effects attributed to spina bifida. The surgeries, conducted as a feasibility trial, made UNC Hospitals one of only four hospitals – and the only in the state – to have offered the surgery. Dr. Chescheir is among a handful of surgeons trained in the procedure.

Dr. Chescheir offers an expectant couple a look at their twins on the way.

"I believe a huge part of my job is to improve health care for the people of North Carolina," she said.

In a new appointment, Dr. Chescheir will be working to improve the health care of not only North Carolinians, but of people around the world. She has been appointed medical officer of a National Institutes of Health multi-center randomized clinical trial looking at repair of open neural-tubal defects. Beginning in the spring, she will commute to Washington, D.C., where she will spend 40 percent of her time working on the research.

The remainder of her time will be spent at the School of Medicine, and though Dr. Chescheir has been in Chapel Hill for nearly 20 years, she has no intentions of leaving. "The former chair of the department, Bill Droegemueller, used to tell me that I should leave only if I am going to a better place, not for the sake of change. So far, I can't think of a better place. I feel like I'm part of the fabric of the place now."


'You have to crawl
before you can walk'

UNC alumnus looks back at the adventurous and sometimes unexpected career turns that led to a rewarding experience in urology

By Bernadette Gillis

As a child Gregory Drake, MD, FACS, '78, may not have always known for sure what he would grow up to become, but he knew that nothing could keep him from dreaming. Despite encountering some negativity while growing up in the 1960s, Dr. Drake was able to accomplish his dream of becoming a physician, thanks in part to motivation from his father and oldest brother. And even though he was unable to fulfill his other dream of soaring through the sky as a fighter pilot, he proudly served his country as a urologist in the Army.

His military career, which spanned over two decades, took him all over the country and overseas, including Saudi Arabia, where he served in Operation Desert Storm. Now retired from the Army, Dr. Drake practices urology at Wilmington Health Associates in Wilmington, N.C. Outside of his profession, he devotes his life to his family, which he says is most important to him. And somewhere in between career and family he manages to find time to read novels by his favorite author, Tom Clancy. "Once you start reading his books, you can't put them down," he said.

Dr. Drake has fulfilled many of his dreams over the years, but he continues to work toward learning about the latest medical technologies and providing the best possible care to his patients.

What is the most surprising thing you've learned in your 24 years of practicing medicine?

The satisfaction of seeing people get better when you are taking care of them. In a surgical subspecialty you see immediate results. They have a problem, you take care of it, and you see them get better. That's been probably the most rewarding and surprising thing.

Gregory Lee Drake, MD, FACS
Education: Howard University, BS, Chemistry, '74
Military: Colonel, Medical Corps, U.S. Army, retired
Wife: Pamela
Children: Hannah, 11; Ethan, 8; Jared, 5
Personal interests: golf, reading

How do you think medicine has changed over the years?

I think it's gotten to a point where our practices are dictated by managed care. That's the downside. You're no longer free to practice medicine the way the people who taught us how to do it were doing it decades ago. I find it's still rewarding, but I feel like someone's looking over my shoulder. To make sure I get to point C, I have to go from point A to point B. It's away from the idea of sitting down with your patient and the feel-good situation where you have the time to really talk with them the way you feel like you should. Everything is so rapid-paced now.

The technology has also changed. It's just incredible now. I remember when I was in medical school, ultrasound was the big diagnostic tool. And CT scan was just coming along. But now our diagnostic technology is just unbelievable.

Why did you choose to go to UNC for medical school?

I'm a native North Carolinian, and growing up, I was a big UNC basketball fan. I wanted to go outside of the state for my undergraduate studies, but I wanted to come back in state for medical school.

UNC has one of the top medical schools in the United States. Plus, the tuition rates were great.

Were there any faculty members who influenced you while you were there?

My advisor, Dr. Henry Lesane, a gastrointerologist. He probably doesn't remember me now, but he was a great person and doctor with a great sense of humor. I always enjoyed speaking with him. Dr. James Bryant in internal

medicine. I was influenced by faculty members in cardiology while at UNC. The cardiology division was just excellent, (including) Dr. Craig and Jim Foster.

What intrigued you about urology?

Actually, I wanted to be a cardiologist, but when I went away for my internship, I decided that since I may be doing internal medicine, I'd do a straight surgical internship. I started doing surgery and I thought it was pretty good and was attracted to general surgery.

I thought that maybe I'd be a cardiothoracic surgeon, but then I did a rotation in urology, and I found that it was just so fascinating. It was fascinating that you could confine your surgical practice to a certain part of the body. I learned that urologists use so many different types of instruments. They not only did open surgery, but they also did endoscopic surgery. It also involved a lot of clinical urology as well, not just surgery. I had no contact when I was a medical student, even though UNC has an excellent urology department.

What attracted you to the military?

I was in ROTC as an undergrad. I was also on a health professions scholarship while in medical school. Also, growing up in Fayetteville, N.C., Fort Bragg was nearby and the 18th Airborne Corps and the 82nd Airborne Division and Special Operations. I became very familiar with the military.

I have an uncle who is a retired Sergeant Major in Special Forces. He always told me that if I went into the military I'd better not go into anything other than the Army.

What are some of the differences between working in a military hospital as opposed to working in a civilian one?

The military is probably one of the most conservative bureaucracies you'll ever see. I think that's good. There's discipline. We all have a common goal in the military, and that's to take care of the active duty soldier and their families. We were all comrades. We all got along because we all had that common goal, and we all wore the uniform. That uniformity and camaraderie I found to be good for me. The practice of medicine was excellent.

The civilian sector is a lot more fast-paced. And you don't get as close to your associates as you do in the military because you don't have a lot of the same things in common like you do in the military. Civilian medicine is a business as well.

I miss the people I worked with in the military.

What do you love most about your job now?

The people I work with. I'm in a big multi-specialty group. One of the founders of the group trained at UNC, and he's one of the main reasons I decided to come (to Wilmington). Dr. Dan Gottovi is just one of the nicest people that you'd ever want to meet. He did part of his medical training at UNC.

I've always been attracted to Wilmington, and the opportunity came up and I liked it here. And I guess they liked me, too, so I ended up here.

What are some of your professional goals?

I look forward to continuing to practice for another 10 years or so. I started the urology practice here at Wilmington Health Associates and am in the process of building our practice now. I have a partner, Dr. Margaret Vereb, who is excellent. We form a great duo here. We're moving forward.

It was very slow at first. I was here myself for almost a year and a half, which was not the most pleasant experience. But I'm beginning to see how you have to crawl before you can walk.

What are some personal or professional obstacles you've had to overcome?

I have a daughter who is disabled. I'm always torn between the time I spend away from home and spending time with my family. My daughter has a rare neurological condition called Aicardi syndrome. Starting a new practice and finding time to spend

with my family – that's been the biggest challenge. Family is very important to me.

On the professional side, while growing up in the South during the '60s, I was told I couldn't do this and I couldn't do that. But I found satisfaction in realizing that if you work hard enough you don't have to listen to what people tell you you can't do.

Where do you see medicine, specifically urology, going in the future?

Urology may eventually get to the point where we have specialists who do surgery. And urologists who just see clinical patients. I hope it doesn't get to that, but with managed care the way it is, that's where we may be headed.

We've made so many advances in urology. A lot of the surgeries we once performed open now are being done laproscopically or endoscopically. I see eventually robotics being a big thing in urology. Also, gene therapy for a lot of our cancers. Particularly prostate, and maybe even kidney at some point in the future.

The advances that have been made are just incredible.

Did you always know that you wanted to go into medicine?

No. Do you know what I wanted to do? In the '60s, I applied to the Naval Academy. I wanted to fly fighters off carriers in the Navy. I must have been out of my mind. I wanted to be a fighter pilot and be a Blue Angel. I watched the Blue Angels on TV and saw them at Pope Air Force Base. That's what I wanted to do.

So when did you change your mind?

I applied to the Naval Academy and I didn't get an appointment back in '68. I wouldn't admit to ever wanting to be in the Navy now, being an Army man. But I still like the Blue Angels. I still yearn to one day be in the backseat of an F-18 with the Blue Angels.

That's my dream – that or playing a jazz saxophone.

What made you choose medicine?

My mom always tells me she would give me the play stethoscopes when I was a kid, and I always wanted to examine everybody. She also tells me that I used to do terrible things to frogs.

When I went to college I had the intent of becoming a mechanical engineer, and I was going to be a pilot. But most of the guys I was in school with were going to medical school. So I switched over from engineering school to the liberal arts college and got a degree in chemistry.

Who has been the most influential person in your life?

There were two people. My father, Robert Sr., and my oldest brother, Robert Jr.

My father wasn't a physician. He worked very hard to support his family, and he taught me about responsibility and that once you start with something, you see it to the end. He always told me that I could do a lot better than he did.

My brother was the first one in my family to get a college education. That was one of the things that impressed upon me as being very important.

All in the **family**

Family Day, White Coat Ceremony draw record turnout

By Shana Odle

A record number of medical students, family and friends descended on Carroll Hall and Carmichael Auditorium on Oct. 5 to enjoy the annual Family Day and White Coat Ceremony.

Originally envisioned as a half-day orientation for parents of first-year medical students, Family Day has evolved into an informative daylong event for friends and family of all medical school students wishing to learn more about the medical school experience, culminating in the White Coat Ceremony for first-year students.

Katherine Huffman, MD

School of Medicine Dean Jeffrey L. Houpt, MD, served as Family Day Master of Ceremonies and provided the audience with Class of 2006 statistics and updates about future plans for the School of Medicine. Georgette A. Dent, MD, associate dean for Student Affairs, and Cheryl F. McCartney, MD, executive associate dean for Medical Education, moderated panel discussions by students and alumni regarding their respective experiences. The panel discussions sparked a lively discussion and exchange of ideas and perspectives.

Additionally, Jean Chu of Raleigh, whose daughter Carolyn is a third-year medical student, gave his unique perspective on the parent experience and spoke about the crucial support role parents play. He also encouraged loved ones to support the medical school both through volunteer efforts and donations to the Excellence Fund.

Following lunch at Lenoir Hall, first-year stu-

dents and their families adjourned to Carmichael Auditorium for the traditional White Coat Ceremony.

This year's White Coat speaker, Katherine Huffman, MD, discussed her experiences as a doctor and as a patient, the important elements of the doctor-patient relationship and the need for balance when entering into the medical field. "Before and after you are a doctor, you are an individual. Take care to keep that individual healthy and happy." Dr. Huffman's words prompted one parent to say she was "one of the most effective speakers I have ever heard."

The White Coat Ceremony originated at Columbia University's College of Physicians and Surgeons in 1993 and is designed to foster the ideals of humanistic, compassionate patient care, ethical conduct and personal responsibility in the learning of medicine.

UNC held its first White Coat Ceremony in 1996. This year, 160 first-year medical students received their coats during the ceremony, concluding with the students reciting "The Oath," dedicating themselves to a lifelong journey of learning how to prevent and cure, to relieve and to comfort with humility and compassion.

The **Oath**

I acknowledge and accept the privileges and responsibilities given to me today as a physician in training and dedicate myself to provide care to those in need.

I will approach all aspects of my education with honesty and integrity, embracing opportunities to learn from patients, teachers and colleagues. The diversity of their experiences, cultures and beliefs will enrich my education and my ability to care for patients. When I feel unprepared for new responsibilities, I will acknowledge my limitations and seek guidance.

I will respect the humanity, rights and decisions of all patients and will attend to them with compassion and without bias. I will maintain patient confidentiality and be tactful in my words and actions. I will not forget that there is an art to medicine as well as a science and that warmth, sympathy and understanding are integral to patient care.

I recognize the privileges afforded me as a physician in training and promise not to abuse them. I will strive to earn the trust my patients place in me and the respect that society places upon my profession. As a student, I will seek to acquire the knowledge and skills needed for individual patient care, the capacity to prevent illness and to understand the ways that I can contribute to the standard of health in my community.

As I accept these new responsibilities, I will not forget the importance of my own health and well-being. I will continue to value my relations with those who have supported me in the past and those who will share in my future.

Mission-minded

Boards of visitors are helping the Women's and Children's Hospitals accomplish their objectives by raising money and awareness

By Bernadette Gillis

The N.C. Women's and Children's Hospitals were established to help serve the needs of women and children all across the state, and the boards of visitors for each hospital play an important role in serving those needs.

Even though each board functions separately, they both have similar goals – to raise funds for and awareness of projects designed to improve the health of women and children.

Both boards of visitors came together on Sept. 21 for the hospitals' annual fund-raising gala. The event gave donors and others from the community a chance to learn about research and programs. The boards of visitors helped organize and host the event, along with staff from The Medical Foundation of North Carolina, Inc.

Women's Hospital board

Established earlier this year, the Women's Hospital Board of Visitors is made up of 18 members. Its primary focus is to work with faculty from the Women's Hospital to determine which areas of women's health need increased awareness.

The board has worked to raise funds for a project that will help increase the availability of prenatal care for women in many areas of North Carolina. As part of the program health care providers from UNC soon will begin traveling to counties where there are few options for women who need prenatal care.

"Fourteen counties in North Carolina have no obstetricians, and 10 of those have no primary care physicians," said Dina Mills, president of the Women's Hospital Board of Visitors. "There are nine counties that have no medical professionals providing prenatal care at all. It is important to get care to women in these counties, especially considering that North Carolina has one of the highest infant mortality rates in the country."

"The board is interested in making sure women have access to care," added Kay-Frances Brody, director of development for the Women's Hospital.

In addition to helping provide much-needed care to women, the Women's Hospital Board of Visitors is working to increase awareness of the impact of clinical research. The board hosts events across the state to inform women about current research projects in women's health, such as the Women's Health Report Card. The report card gave the status of women's health in North Carolina and was started by the N.C. Program for Women's Health Research, which provides research services for women's health investigators.

"The study showed where the state stands in areas such as reproductive health. Our state did well in the area of fetal surgeries," Mills said. "We also learned that we failed in the area of low-weight births. There are a lot of studies happening at the hospital that women should know about."

The board also is working to inform women of research in areas such as pelvic floor disorder and heart disease. "The North Carolina Program for Women's Health Research will have an impact on women statewide and nationwide as well," Brody said. "We want to show women that we serve the entire state even if they receive their care elsewhere."

The Women's Hospital Board of Visitors also plans to focus on hosting fund-raising events, lobbying and raising funds for fellowships. The board recently raised money to create a Gynecology/Oncology fellowship named after Wesley Fowler Jr., MD. "Fellowships are expensive for the hospital but are very important to have. We are trying to create even more fellowships now," Mills said

Children's Hospital board

Serving every child in North Carolina is the goal of the Children's Hospital Board of Visitors, which was established seven years ago.

"We communicate the mission of the N.C. Children's Hospital, emphasizing that we are not only a medical institution for children in neighboring counties, but for children all across the state," said Tom Haber, president of the Children's Hospital Board of Visitors.

The board, comprised of 42 members, works closely with the Department of Pediatrics to decide which programs the board will support. "We try to provide funding for programs which would not otherwise receive financial support," Haber said.

"The Children's board provides dollars that are granted to various departments in the Children's Hospital each year," said Greg Holliday, senior development officer for the Children's Hospital. "Pediatric divisions submit proposals and they are reviewed, and those selected receive monies for funding. This year, $100,000 was awarded."

For example, the Children's board raised funds for STARBRIGHT, a computer-based program available to patients in the Children's Hospital. STARBRIGHT allows chil-

Photo by Brian Strickland

Tom and Margie Haber of Chapel Hill, left, speak with Jacob Lohr, MD, of UNC's pediatrics department. The Habers serve on both boards of visitors.

dren in the hospital to communicate online with other children in hospitals across the country.

"Funding for this program has allowed pediatric patients to share their experiences and encourage kids with similar problems at other pediatric institutions," Haber said.

The board also has worked to find financial support for the making of Spanish language films highlighting the services available for Spanish-speaking patients at the Children's Hospital. "The Department of Pediatrics identified a need for information for Spanish-speaking children and their families. We agreed and approved funding to support these programs," Haber said.

And, the board is working to raise funds for a distinguished professorship endowment. "The board has allocated $50,000 a year for the last five years towards this endowment," Haber said. "Once the board is able to reach $333,000, and the medical school receives a matching grant of $167,000 from the state, the $500,000 endowment will be established. We are approaching our goal."

In addition, the board is aware that the School of Medicine has a critical need for endowments to attract new, distinguished professors in the Department of Pediatrics, Haber added.

Raising funds for programs and professorships ultimately helps all of the state's children, Haber said. "The Children's board is an effective method of involving people from communities across the state to raise awareness of the world-class pediatric care and research provided by the N. C. Children's Hospital and to help implement programs to benefit children in North Carolina.

N.C. Children's Hospital Board of Visitors

Mr. and Mrs. H.W. Belk, Charlotte, N.C.
Dr. and Mrs. Jerry Bernstein, Raleigh, N.C.
Mr. and Mrs. William Blackman, Chapel Hill, N.C.
Mr. and Mrs. Tim Greene, Chapel Hill, N.C.
Mr. and Mrs. Richard H. Carlton, Raleigh, N.C.
Mr. and Mrs. J. Gary Ciccone, Fayetteville, N.C.
Dr. and Mrs. Paul Coughlin, High Point, N.C.
Mr. and Mrs. Tom Cozart, Wilson, N.C.
Mr. and Mrs. John W.C. Entwistle Jr., Charlotte, N.C.
Mr. and Mrs. Michael Fields, Southern Pines, N.C.
Mr. and Mrs. John Fife, Wrightsville Beach, N.C.
Mr. and Mrs. John Mann Freeze, High Point, N.C.
Mr. and Mrs. Thomas R. Haber, Chapel Hill, N.C., Board President
Mr. and Mrs. Michael Haley, Greensboro, N.C.
Mr. and Mrs. J. Campbell Hall III, Greensboro, N.C.
Dr. and Mrs. James R. Harper, Durham, N.C.
Tom and Lisa Hazen, Chapel Hill, N.C.
Mr. and Mrs. James A. Heavner, Chapel Hill, N.C.
Mr. and Mrs. Frank B. Holding Jr., Raleigh, N.C.
Dr. and Mrs. William N. Hubbard Jr., Kalamazoo, Mich.
Mr. and Mrs. John Jenkins, Raleigh, N.C.
Mr. and Mrs. Gil McGregor, Charlotte, N.C.
Mr. and Mrs. Richard Moore, Kitrell, N.C.
Mr. and Mrs. W. Kel Normann, Sanford, N.C.
Mr. and Mrs. J. Timothy O'Rourke, Chapel Hill, N.C.
Dr. and Mrs. David Patterson, Greensboro, N.C.
Mr. and Mrs. William A. Pully, Raleigh, N.C.
Mr. and Mrs. Kenan Rand Jr., Durham, N.C.
Dr. and Mrs. James Allison Shivers, Asheville, N.C.
Dr. and Mrs. James D. Smithwick, Laurinburg, N.C.
Dr. Priscilla Patterson Taylor, Chapel Hill, N.C.
Mr. and Mrs. David Thomas, Raleigh, N.C.
Mr. and Mrs. William W. Webb, Chapel Hill, N.C.
Mr. and Mrs. Holland West, Chapel Hill, N.C.
Mr. and Mrs. Len White, Greensboro, N.C.
Mr. and Mrs. Robert Williams, Fayetteville, N.C.
Mr. and Mrs. Clyde Wood, Fayetteville, N.C.
Mr. and Mrs. Corry Platt, Cary, N.C.

N.C. Women's Hospital Board of Visitors

Adair Armfield, Greensboro, N.C.
Cae Emerson, Wilmington, N.C.
Bailey Farrin, Durham, N.C.
Roxane Gwyn, Chapel Hill, N.C.
Margie Haber, Chapel Hill, N.C.
Barbara Hardin, Chapel Hill, N.C.
Annabel Harrill, Boone, N.C.
Sylvia Hatchell, Chapel Hill, N.C.
Kathy Henrichs, Durham, N.C.
Carol Huffman, Charlotte, N.C.
Sara McCoy, Chapel Hill, N.C.
Dina Mills, Chapel Hill, N.C., Board President
Mary Rice, Southern Pines, N.C., Board Vice President
Sidna Rizzo, Chapel Hill, N.C.
Catherine Stuart, Raleigh, N.C.
Kara Taff, Durham, N.C.

JOSHUA J. ALEXANDER, MD, assistant professor of physical medicine and rehabilitation, received the 2002 Physical Medicine & Rehabilitation Faculty Teaching Excellence Award.

STEPHEN AYLWARD, PHD, assistant professor of radiology, recently was appointed associate editor of IEEE Transactions on Medical Imaging.

PHILIP G. BOYSEN, MD, chair of anesthesiology and professor of anesthesiology and medicine, was elected to the office of president of the Council of the Society of Academic Anesthesiology Chairs, a two-year position. Dr. Boysen also serves as a Delegate of the North Carolina Society of Anesthesiologists to the North Carolina Medical Society.

The Department of Ophthalmology recently established the Arthur C. Chandler Resident Teaching Award. The award, which will be given annually, honors the more than 30 years **ARTHUR C. CHANDLER, MD,** professor of ophthalmology, has devoted to training residents in North Carolina. Dr. Chandler was the first recipient of the award.

RICHARD CHENEY, PHD, assistant professor of cell and molecular physiology, and **CAM PATTERSON, MD,** associate professor of medicine, were awarded the 2002 Phillip and Ruth Hettleman Prize for Artistic and Scholarly Achievements by Young Faculty.

The award, which includes a $5,000 stipend, was established in 1986 by Phillip Hettleman, the late UNC alumnus and New York investment banker, to recognize the achievements of outstanding junior tenure-track faculty or recently tenured faculty. The winners will lecture about their work during the current academic year.

GORDON H. DEFRIESE, PHD, professor of social medicine, epidemiology, and health policy and administration and former director of the Cecil G. Sheps Center for Health Services Research, has been named the recipient of the Porter Prize from the University of Pittsburgh's Graduate School of Public Health for his outstanding work in health promotion and disease prevention.

LUIS A. DIAZ, MD, C.E. Wheeler Jr. distinguished professor and chair of dermatology, has been elected to the Institute of Medicine, a sister organization of the National Academy of Sciences.

The institute and NAS are both part of the National Academies, an entity that also includes the National Research Council and the National Academy of Engineering. Sixty-five new members were recently elected to the Institute of Medicine, raising the total active membership to 1,358. Current active members elect new members from among candidates chosen for their major contributions to health and medicine or to related fields such as social and behavioral sciences, law, administration and economics.

JAMES EVANS, MD, PHD, associate professor of medicine and genetics, has been asked by representatives of the United Nations to help organize and participate in a conference in Concepcion, Chile, in December 2003. The conference will address the use of biotechnology by developing countries and will address disparities between its availability and use in the Northern and Southern hemispheres.

Dr. Evans has also been asked to speak at the third annual international meeting of high-court judges in Sydney, Australia. These forums are designed to educate leading members of the international judicial community about genetics and biotechnology issues.

JAMES FABER, PHD, professor of cell and molecular physiology, recently was awarded the Hyman L. Battle Distinguished Excellence in Teaching Award in the Basic Sciences.

JULIA FIELDING, MD, associate professor of radiology, recently received the Teacher of the Year award from the Department of Radiology. She also served as an examiner in genitourinary radiology for the American Board of Radiology.

The American Academy of Pediatrics recently presented **MEL LEVINE, MD**, professor of pediatrics and director of the Clinical Center for the Study of Development and Learning, with the Milton J.E. Senn Award for accomplishments in school health. Dr. Levine is the founder of the non-profit All Kinds of Minds Institute, which provides programs to help students who struggle with learning measurably improve their success in school and in life.

The American Academy of Pediatrics is dedicated to the attainment of optimal physical, mental and social health of all infants, children, adolescents and young adults. The academy's Section on School Health annually presents the Senn Award to honor pediatricians and allied health professionals who make outstanding national contributions to improving school health. The 2002 Senn Award is sponsored by the National Pediculosis Association.

TRAVIS MEREDITH, MD, distinguished professor and chair of ophthalmology was the visiting professor at the Wills Eye Hospital recently. Dr. Meredith also

was appointed to the Council of the American Ophthalmologic Society, the oldest continuous medical subspecialty society.

EDWARD A. NORFLEET, MD, professor and executive vice chair of anesthesiology, was honored for his contribution to Medical Education in Texas by the Scott and White Clinic, an association affiliated with Scott and White Memorial Hospital, and Scott, Sherwood and Brindley Foundation in Temple, Texas, by presenting "The Eighteenth Annual Gillespie Lectureship in Anesthesiology and Pain Control."

KEAN OH, MD, assistant professor of ophthalmology, was named the Payne Stewart Fellow by the Foundation Fighting Blindness (FFB), a philanthropic organization devoted to advancing the research and care for patients with hereditary retinal diseases. Dr. Oh is in the second year of a Career Development Award with FFB.

OH

ETTA PISANO, MD, FACR, professor of radiology, was appointed president pro tem of the UNC chapter of the Association of Professional Women for 2002-04. Dr. Pisano also was appointed as grant reviewer for the Radiological Society of North America Research and Education Foundation. She is also serving as president-elect of the Association of University Radiologists.

PISANO

HAROLD R. ROBERTS, MD, Sarah Graham Kenan professor of medicine and pathology, recently received the highest honor given to professionals in the Dominican Republic. The country's president, UNC alumnus Hipolito Mejia, awarded Dr. Roberts the Order of Christopher Columbus at the grade of knight for Dr. Roberts' service in establishing the Dominican Republic's first Thrombosis and Hemostasis Center.

ROBERTS

JOEL TEPPER, MD, professor and chair of radiation oncology and researcher at the UNC Lineberger Comprehensive Cancer Center, has become president of the American Society for Therapeutic Radiology and Oncology. Dr. Tepper's clinical and research interest primarily focuses on the use of combined radiation therapy, chemotherapy and surgery to treat cancers of the digestive system.

SUSAN SMYTH, MD, PHD, assistant professor of cardiology, recently received a travel award to attend an upcoming American Heart Association annual meeting. Dr. Smyth will participate in the Early Career Development Forum at that meeting.

JENNIFER WEBSTER-CYRIAQUE, DDS, PHD, assistant professor of dental ecology and microbiology, recently received the American Herpes Foundation Research Award. The award recognizes distinguished achievement in herpes research. The Department of Microbiology and Immunology will receive $5,000 to support herpes research, and Dr. Webster-Cyriaque also will receive $5,000 as part of the award.

Correction

In the Fall 2002 issue, the title of **JOE GRISHAM, MD**, was incorrectly listed as chair of pathology and laboratory medicine. Dr. Grisham is the former chair of pathology and laboratory medicine.

Anniversary of Sept. 11 attacks marked by informative, solemn symposium on terrorism preparedness

By Bernadette Gillis

One year after the terrorist attacks on America, UNC faculty and staff came together to discuss issues surrounding terrorism preparedness. Several speakers focused on the threat of biological weapons and ways health care workers and the community as a whole can better prepare for attacks.

The symposium included a moment of silence in remembrance of the victims of the terrorist attacks on Sept. 11, 2001. Also, five UNC Hospitals employees were recognized for lending a hand to the cities affected by the terrorism.

Featured speaker Donald Trunkey, MD, of Oregon Health Science University focused on weapons of mass destruction. He pointed out that for many years biological warfare has appealed to terrorists primarily because the weapons create fear and are inexpensive.

"Biological warfare is extremely cheap. That's why terrorist groups are attracted to it."

The threat of nuclear terrorism also is a concern for many, particularly after the attacks on Sept. 11, Dr. Trunkey said. "It is fairly easy to smuggle plutonium and uranium. . . . I think there is a real threat that Saddam (Hussein) could get nuclear weapons."

Dr. Trunkey noted that health care workers should be aware of the risks they could face in the event of a biological weapon attack. After such an attack, many health care workers should not assume that victims would die before reaching a health care facility, he said. "You may get exposed. You will see these patients before they are decontaminated."

He added, "The terrorists want to create terror. There's no better way to do this than to attack health care workers."

Photo by Bernadette Gillis

Donald Trunkey, MD

Because of the many possible risks to health care workers, preparedness is necessary. Dr. Trunkey stressed the importance of having medical supplies and protective equipment ready for use.

Health care facilities also should have a disaster plan in place, and all workers should be familiar with the plan. "The plan should be practiced on a three-month basis," he said. "That's the only way to make sure you will respond quickly."

Health care workers' response time after an attack can make a difference, Dr. Trunkey said. "Time is essential. The first responders have to respond within four to six minutes."

With the recent attacks and threats to the United States, health care workers must take necessary steps in order to be prepared. "The threat of biological and chemical terrorism is real, and it's not going to go away in the near future."

In addition to considering the risks to health care workers, many in the health care industry are

faced with the challenge of communicating information about biological terrorism to the public.

William Roper, MD, MPH, dean of the School of Public Health, said the school has played a role in communicating issues surrounding bioterrorism."The school was chosen as a conduit for a series of Web casts, and other activities include a course put on last spring on terrorism and community preparedness," he said.

During the anthrax scare in 2001, scientists and public officials had the difficult task of communicating the uncertainty associated with the scare. "What happened was unplanned, and there was little scientific evidence to work with," Dean Roper said. "Many officials feared that acknowledging the uncertainty could lead to panic."

David Weber, MD, MPH, professor of infectious diseases, said that even though there are major concerns associated with bioterrorism agents, such as anthrax, it is important to keep in mind the number of people affected can be very small.

"We need to keep in perspective the risk of dying," he said. "Even with the recent anthrax deaths, we're talking about risks similar to getting struck by lightning."

Smallpox is another agent that potentially could be used in a terrorist attack. There is evidence that the small pox vaccine has long-lasting immunity, but the vaccine could cause several hundred deaths and leave thousands severely ill, Dr. Weber said.

"Still, it's an evolving issue, and we have a long way to go. We have a duty to be prepared."

IN OTHER NEWS

Deaths

Professor emeritus **William L. Fleming, MD**, died Oct. 16. Dr. Fleming's career at UNC began in 1939 when he joined the School of Public Health's faculty as a research professor. He left the school in 1946, but over his six years he established one of the country's few laboratories for research on syphilis, pinpointing important penicillin compounds. He returned to the university in 1952 as chair of the School of Medicine's Department of Preventive Medicine until 1970. He also served as director of the general clinic at UNC Hospitals and was the assistant dean for educational research from 1957 to 1970. Dr. Fleming retired from the university as a professor emeritus in 1978.

Louise M. Horner, a recipient of the School of Medicine's and Medical Alumni Association's Distinguished Service Award died Sept. 6. Horner worked as the business officer for the School of Medicine from 1957 to her retirement in 1985. That same year, she was recognized for her outstanding service. Horner also volunteered at UNC Hospitals.

OUR HISTORY

a spectacular retrospective in photos

A new book published this fall takes a fond look back at the rich, 50-year history of the UNC School of Medicine's medical degree program and N.C. Memorial Hospital. This commemorative book is packed with rarely seen and never-before-published photographs. The cost of each book is $21.95, including shipping and handling. Proceeds will benefit programs at UNC Hospitals.

To order:

Fill out this coupon and mail it, along with a check for $21.95 made payable to The Medical Foundation of NC Inc., to Jubilee Book, UNC Hospitals, Public Affairs and Marketing, 101 Manning Drive, 6002 East Wing, Chapel Hill, NC 27514.

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40s

Charles H. Edwards, CMED '42, is retired from practicing general surgery. Dr. Edwards lives in Clifton, N.J., and enjoys gardening, traveling and reading.

Ira A. Abrahamson, CMED '46, was elected to receive the 33rd decree at the 191st annual meeting of the Supreme Council 33°, which will be held in St. Louis, Mo., in September. The honor is the highest in freemasonry.

60s

Robert B. Payne, MD '60, is retired from practicing medicine. Dr. Payne and his wife live in Mooresville and split their time between visiting Lake Norman and Spruce Pine. The couple's son, Ben, is a senior at UNC.

Kel Cohen, MD '63, is retired from active practice, but remains at Virginia Commonwealth University conducting research on wound healing, which is being funded by the National Institutes of Health. Dr. Cohen also serves as vice president of medical affairs for the company he founded, Nanomatrix.

70s

Kirby Primm, MD '70, was appointed clinical professor of medicine at the University of Washington School of Medicine in Seattle.

80s

Jocelyn M. Pyles, MD '83, and her husband, Marshall A. Elo, celebrated their first wedding anniversary in August. Dr. Pyles lives in Texas where she is a physician with the Houston Department of Health and Human Services.

Elizabeth S. McCuin, MD '85, lives in Roanoke, Va., where she is the assistant director of obstetrics and gynecology medical education for Carilion Medical Center. Dr. McCuin also is an assistant professor for clinical obstetrics and gynecology at the University of Virginia. In her spare time, Dr. McCuin likes to travel with her husband, Stephen.

Darren Biehler, MD '88, and his wife, Meredith, celebrated the birth of their first child, Mia Lee, in September. Dr. Biehler and his family live in Davidson.

90s

Cynthia Green Kirby, MD '96, and her husband, Randy Kirby, MD, are expecting their first child in February. The couple lives in Whiteville.

Ibrez Bandukwala, MD '97, and Claire Parker, MD '97, welcomed the birth of their first child, Aydin, in October. Dr. Bandukwala and Dr. Parker live in Atlanta. Dr. Bandukwala practices internal medicine. Dr. Parker practices obstetrics and gynecology.

Leena S. Dev, MD '97, accepted a new position working in a community health center in Woonsocket, R.I.

Christopher Williams, MD '97, and his wife, Neeka, celebrated the birth of their daughter, Imani Nichelle. Dr. Williams will begin a urologic oncology fellowship with the National Institutes of Health in July.

Deaths

Vance T. Alexander, CMED '29, died in October. Dr. Alexander lived in Davidson, and his specialty was psychiatry.

Lawrence E. Metcalf, MD '40, died in July. Dr. Metcalf lived in Asheville, and his specialty was pediatrics.

Clifford H. Hooper, MD '50, died in August. Dr. Hooper lived in Asheville, and his specialty was otolaryngology.

Quincy A. Ayscue Sr., MD '63, died in July. Dr. Ayscue lived in Norfolk, Va., and his specialty was anesthesiology.

Earnest S. Collins, MD '66, died in July. Dr. Collins lived in Beaufort, S.C., and his specialty was obstetrics and gynecology.

UNC among 10 U.S. medical centers studying living donor liver transplants

The National Institutes of Health has designated UNC one of 10 medical centers nationwide to participate in the Adult to Adult Living Donor Liver Transplant Cohort Study.

The seven-year project will investigate the experience of patients eligible for living donor liver transplantation, focusing on factors influencing outcomes for donors and recipients. Researchers will compare outcomes of this procedure with those for patients who receive livers from cadavers.

SHRESTHA

Because of the shortage of donor livers, many patients with liver disease die while awaiting an organ for transplantation. In 2001, about 17,000 patients waited for donated livers, but only 4,673 cadeveric organs were actually donated that year.

"Liver transplantation is the only definitive therapy for end-stage liver disease. Due to the huge discrepancy between the number of cadaveric organs available for standard transplantation and patient need, centers around the world are trying to expand the donor pool by using livers from live donors. UNC has been a pioneer in this effort," said Roshan Shrestha, MD, associate professor of medicine and medical director of the liver transplantation program. Dr. Shrestha is also principal investigator of the UNC study site.

In living donor liver transplants, a living healthy donor, usually a relative of the patient, donates a section of liver to the recipient. The liver is a large segmented organ that can potentially be split without harm to the donor and with benefit to the recipient. Unlike most organs, the liver can regenerate itself. The donor's remaining liver grows to its original size within weeks. Likewise, the donated lobe will also grow in the recipient's body.

For children in need of liver transplantation, the success of living donor transplantation from an adult made it an accepted medical option. Adults in need of liver transplantation require a larger segment, as much as half or more of the donor's liver. This requires a more extensive and complex surgery, with potentially greater risks for donor and recipient.

The procedure has evolved so rapidly that more than half of living donor transplants performed to date have occurred since 2000, according to the National Institute of Diabetes & Digestive & Kidney Diseases. Evaluation of donors and surgical procedures varies from one transplant center to another. The institute has pointed out that although the large majority of living donor liver transplants have been successful, data are few to inform potential donors about risks. Post-surgical problems for donors can include infection, pneumonia and leaking bile, which can require further surgery.

"Among many important questions this multi-center study will explore, UNC proposes we study drug metabolism in the regenerating livers of donors and recipients. We are also proposing studies on short- and long-term outcomes for donors following donation surgery for living donor liver transplantation," Dr. Shrestha said.

UNC began its live donor liver transplant program in October 1996. Today, the UNC Center for Liver Diseases and Transplantation provides highly specialized care for liver diseases for residents of North Carolina and surrounding regions. In addition to its commitment to patient care, the UNC liver program is dedicated to studying novel therapies for viral hepatitis, other chronic liver diseases and transplantation.

"It's gratifying that living donor liver transplantation is a priority issue for NIH, one that requires

answers to important questions on benefits and risks," said Jeffrey H. Fair, MD, director of abdominal transplantation at UNC and co-principal investigator. "Our transplant program at UNC has been among the leaders in the field and will continue to evolve and change as the field evolves. We are very honored to be a part of this new study."

Along with UNC, participating medical centers include the University of California at Los Angeles, the University of California at San Francisco, the University of Colorado at Denver, Northwestern University, Columbia University, the University of Pennsylvania, the University of Virginia, Virginia Commonwealth University and the University of Michigan.

New drug linked to fewer deaths among patients on hemodialysis

UNC researchers report a 50 percent reduction in deaths among kidney hemodialysis patients receiving a new drug that helps prevent excess phosphorus from accumulating in the bloodstream.

"The drug, lanthanum carbonate, is effective. It's well-tolerated, and patients find it reasonably easy to take," said William Finn, MD, a UNC nephrologist and professor of medicine.

Study findings were presented in November at the American Society of Nephrology annual meeting in Philadelphia.

More than 350,000 people in the United States receive treatment for kidney failure, or end-stage renal disease, according to the National Institutes of Health. Of these, about 60 percent undergo hemodialysis, a process that removes wastes and excess fluid from the bloodstream by passing it through a membrane in an artificial kidney machine.

FINN

Although regular hemodialysis treatment helps maintain life, studies show it provides about a tenth of the cleaning function of normal kidneys. Moreover, those on the treatment run an increased risk of cardiovascular disease and other medical problems.

"One of the things hemodialysis does not do well is remove phosphorus from the blood," Dr. Finn said. "About 50 to 60 percent of patients on chronic hemodialysis do not have adequate phosphorus control; they have high phosphorus levels."

Elevated blood levels of phosphorus help trigger hyperparathyroidism, a condition that may lead to serious bone and cardiovascular problems, he said. Some research shows an increased risk for cardiac death possibly due to a buildup of calcium in coronary blood vessels.

Moreover, beginning in 1998, reports in medical literature identified elevated phosphorus blood levels as independent risk factors for mortality among kidney patients on hemodialysis. The National Kidney Foundation has subsequently lowered its recommended phosphorus blood levels.

Today, many kidney failure patients undergoing hemodialysis take medications that bind dietary phosphorus, thereby allowing its excretion in the stool rather than its absorption by the body.

The UNC investigation involves the newly developed, non-calcium phosphate binder, lanthanum carbonate (Fosrenol), developed by Shire Pharmaceuticals Group, PLC, in the United Kingdom and not yet federally approved for use in the United States.

In the randomized two-year study, 647 kidney hemodialysis patients received lanthanum carbonate therapy and 642 patients received conventional phosphate binders. Patients ranged in age from 19 to 91 years. The first interim analysis indicated a reduction in mortality in the Fosrenol group, compared to those taking conventional drug therapy. A second interim analysis indicated a widening disparity with a reduction in mortality, 3.3 percent versus 5.8 percent. Moreover, fewer people died of what appear to be cardiac factors.

Findings in monkey herpes virus aid research in human cancer

For the first time, UNC scientists have discovered similar gene activity profiles between a herpes virus that affects rhesus macaque monkeys and a human herpes virus linked to Kaposi's sarcoma.

This cancer is endemic among Mediterranean and sub-Sahara African populations. In the last 20 years, however, the disease has occurred most frequently in people with AIDS.

DAMANIA

The study team, led by Blossom Damania, PhD, assistant professor of microbiology and immunology at UNC School of Medicine and a member of the Lineberger Comprehensive Cancer Center, also has identified three new genes in the rhesus monkey rhadinovirus that show high structural similarity to those in human herpesvirus-8, also known as Kaposi's sarcoma-associated herpesvirus, or KSHV.

The new research, which appeared in the *Journal of Virology* in October, lays the foundation for future studies using recombinant rhesus viruses that could eventually form the basis of targeted drug therapies against specific KSHV genes.

Researchers in microbial genetics use recombinant technology to study the effect of altered genes on the life cycle of viruses linked to human disease. These studies require large quantities of virus grown in tissue culture, which is a problem with the human virus, KSHV, because it cannot be cultured efficiently.

Dr. Damania said the simian virus can grow to very high titers in tissue culture and then grown in large quantities. These can be used in making recombinant viruses for testing in a rhesus macaque model.

"By developing this model, we can determine the genes that are important for virus survival, viral growth and replication, and genes that enable the virus to induce malignancies in its host. Once you've established the genes that are required to do all of these things, you can start thinking about developing drug therapies against these genes to prevent virus spread and to prevent the virus from inducing cancer in its host. So there is potential for developing at least two drug therapies at this point in time."

The scientific literature suggests that less than 10 percent of people in the Western Hemisphere are infected with KSHV; however, these percentages are currently under investigation. But around the Mediterranean, particularly Italy, Spain, Egypt and Greece, the percentage is between 25 percent and 40 percent.

And then there is sub-Saharan Africa, where the infected population is greater than 50 percent, Damania said.

Along with Damania, co-authors of the report are Scott M. DeWire, a graduate student in UNC's curriculum in genetics and molecular biology; and Dr. Michael A. McVoy at the Medical College of Virginia.

Support for the research came from the National Cancer Institute, the UNC Center for AIDS Research and the American Heart Association.

Light shed on gene silencing in developing embryo

New UNC research sheds light on the process that silences a group of genes in the developing embryo.

Down regulation of gene expression, or gene silencing, is considered crucial in normal development. In the embryo, proteins expressed by different sets of genes help signal the pattern of development, including limb formation. However, when that work is completed, the genes responsible must be turned off, said Yi Zhang, PhD, assistant professor of biochem-

istry and biophysics at UNC's School of Medicine and a member of UNC's Lineberger Comprehensive Cancer Center.

ZHANG

"During the early embryonic development, a group of genes called Hox genes needs to be expressed. After they've been expressed and have set the body pattern, they have to be silenced permanently during the life of the organism," Dr. Zhang said.

Dr. Zhang said another gene group known as the Polycomb group has been intensely studied for its role in silencing Hox in organisms as diverse as flies and mammals, including humans. "We know that if something is wrong with the Polycomb group, if these genes are mutated and cannot silence Hox, then development becomes abnormal."

Writing in the Nov. 1 issue of Science, Dr. Zhang and co-authors from UNC, Southern Methodist University and Memorial Sloan-Kettering Cancer Center reported the purification and characterization of a Polycomb group protein complex. Their research has established a link between Polycomb gene silencing and histone protein methylation, the addition of a methyl group to lysine, one of the amino acids that make up the tail region of histone molecules.

Four core histone proteins are highly conserved in eukaryotic organisms, those having nucleated cells. These histones are involved in packaging our genetic information: DNA. Each contains a globular domain and an amino terminal "tail." Of interest to Dr. Zhang and others at UNC and beyond is that histones, specifically processes that modify them (including methylation), are thought to play a major role in gene expression and cell division.

"Basically, we found that the Polycomb proteins function through methylating a particular lysine residue, lysine 27, on histone 3," Dr. Zhang said. When enzyme activity causing methylation of this site is blocked, Hox gene silencing does not occur.

Given those findings, Dr. Zhang and his study team could explain the permanence of Hox gene silencing. "Histone methylation cannot be reversed. It becomes permanent, a long-term genetic marker. Thus far, no 'histone demethylase' has been discovered."

The study was supported by grants from the National Institute of General Medicine at the National Institutes of Health and the American Cancer Society.

Protein patterns may aid prostate cancer detection

A test that detects a specific pattern of proteins in blood may distinguish benign prostate conditions from prostate cancer more effectively than the current biomarker for the disease: protein specific antigen, or PSA.

According to a report in the Oct. 16 issue of the *Journal of the National Cancer Institute,* the test detected 95 percent of prostate cancer cases from a single drop of blood from each patient. Moreover, it helped rule out prostate cancer for 71 percent of men with intermediate PSA scores (four-10), which would have allowed them to avoid an unnecessary, invasive biopsy procedure. Currently, most men with PSA scores between four and 10 are recommended for a biopsy, even though 75 percent to 80 percent of them do not have prostate cancer.

"This new technology has the potential to revolutionize how men are diagnosed with prostate cancer," said David K. Ornstein, MD, a co-author of the study, assistant professor of surgery and a member of the UNC Lineberger Comprehensive Cancer Center.

"It's likely that it will be possible to use a simple blood test to accurately identify men who are affected with a harmful prostate cancer but spare healthy men from undergoing unnecessary biopsies."

In the new study, Ornstein and collaborators from the U.S. Food and Drug Administration- National Cancer Institute Clinical Proteomics Program and Correlogic Systems Inc. in Bethesda, Md., used similar artificial intelligence bioinformatics technology to that employed in a recently reported ovarian cancer test.

— Stories by Leslie H. Lang

UNC students danced the night away at last year's UNC Dance Marathon.

UNC Dance Marathon kicks off Feb. 21

They have paid for Thanksgiving dinners for families that could not afford them due to hospital bills. They have bought a swing set for a sick child. They have purchased clothes for children who would not have any otherwise.

Who are these superheroes?

They are ordinary UNC college students involved with an extraordinary service organization, the UNC Dance Marathon.

The UNC Dance Marathon is a yearlong fund-raiser that culminates in a 24-hour event and benefits the North Carolina Children's Hospital. In 2002, the organization raised more than $122,000, making it among the largest fundraisers on UNC's campus.

The marathon raises money by sending thousands of letters requesting donations and obtaining corporate sponsors, among other methods. The money goes to the For The Kids Fund, which pays for the needs of families with children staying in the hospital.

More than 600 UNC students danced in the marathon in February 2002, standing on their feet for 24 hours to symbolize the 24-hour-a-day commitment that families of sick children make to care for their hospitalized loved ones.

The event, which will be held from 7 p.m. on Feb. 21 to 7 p.m. Feb. 22, includes entertainment and food.

In the past, the actual event has included entertainment such as local campus performance groups, a "battle of the bands," an athletic lip sync and speeches from doctors and families who have been helped by the organization.

For more information, visit the UNC Dance Marathon Web site at www.uncmarathon.org.

The new Thurman Professorship honors a 'scientist's scientist'

There was his groundbreaking research on liver injury, liver preservation for transplantation and liver carcinogenesis. There also were 400 papers published over a 30-year career and a Merit Award from the National Institute of Alcohol Abuse and Alcoholism in 2000.

But friends and colleagues remember Ron G.

Thurman, PhD, in different ways, including his humor, love of life, professional guidance he offered and a relentless pursuit of new truths.

Dr. Thurman died unexpectedly on July 14, 2001, at the age of 59.

"Much of our grief has been turned into pride and joy thanks to Ron's friends and co-workers at UNC," say his parents, Melba and Glenn Thurman of Herrin, Ill. In this spirit, they gave $333,000 to establish the Ronald Glenn Thurman Distinguished Professorship in the Department of Pharmacology in memory of their son. The professorship is eligible to receive $167,000 in matching funds from the state. An additional $470,000 from the Perfusion Lab Trust, a fund started in July 1981 with contributions from drug companies and private individuals in support of Thurman's research and teaching, brings the value of the professorship to nearly $1 million.

Dr. Thurman began his career at UNC in 1977 and became professor of pharmacology and director of the Laboratory of Hepatobiology and Toxicology. His research spanned the fields of liver metabolism, alcoholic liver injury and toxicology. Key concepts established by Dr. Thurman continue to be used in the study of alcoholic liver disease throughout the world.

In a memorial to Dr. Thurman, Fulton T. Crews, director of the Bowles Center for Alcohol Studies, wrote that "every basic scientist's dream is to make great leaps in treating human disease. Ron strongly believed in the center's mission to understand alcoholic pathology and develop ways to treat it. Our greatest tribute to Ron will be to make this happen."

The Ronald Glenn Thurman Distinguished Professorship in the Department of Pharmacology will be awarded to a current member of the department or used to attract a distinguished scholar, teacher and researcher. The professorship could be awarded as early as 2004. Gifts toward the professorship may be made by contacting Candace Clark at (919) 962-3967.

— Elizabeth Amend

Who's who at The Medical Foundation

Phifer Crute is the director of donor relations. A native of North Carolina, she has been in the development field for over 10 years. Prior to coming to UNC, Ms. Crute worked for Capital Consortium, the N.C. Museum of Art and the Carolina Ballet. She began working at The Medical Foundation in February 1997 as director of development for the N.C. Children's Hospital.

As director of donor relations, Ms. Crute manages all aspects of the Donor Relations Program, including gift acknowledgment, donor recognition and stewardship.

Annie Hager-Blunk is the director of development and major gift office for the Department of Surgery. A UNC-Chapel Hill graduate in Communications and Psychology, Ms. Hager-Blunk has worked for 20 years in health care fund-raising. Before coming to The Medical Foundation in 1995 as a senior development officer, she worked with the North Carolina affiliate of the American Heart Association, where she was senior regional director in Winston-Salem. Prior to that, she worked as director of programs and development in the AHA's Chapel Hill office.

Brad Wilson is the assistant director of development for the Loyalty Fund. Wilson graduated from UNC-Chapel Hill in 1995 with a bachelor's degree in Public Policy Analysis with an emphasis in Environmental Science and Engineering. Following graduation, he moved to Washington, where he worked for the National Parks and Conservation Association. In 1997, he became the National Trails Day coordinator for the American Hiking Society. In 1999 Wilson returned to North Carolina and became manager of the State Employees Combined Campaign (SECC) at UNC-Chapel Hill, as well as for the seven surrounding counties.

In 2000, Wilson added to his responsibilities by managing the Orange County United Way campaign. As SECC campaign manager, he helped the university increase its employee charitable giving by nearly 33 percent over two years and achieve its first $1 million campaign in 2000. He contracted with the Division of Student Affairs as a development officer in February 2001.

development

Berryhill Society focuses on establishing planned giving

The W. Reece Berryhill Society was established last April to recognize donors of planned gifts, which include bequests, trusts or other planned giving arrangements, to the UNC medical center.

The medical center is always happy to receive current gifts (for example, cash, stock or real estate), but also recognizes the value of receiving gifts that will benefit the medical center in the future.

This planned gift recognition society is named for the late Dr. Berryhill, a long-time dean and leader of the School of Medicine, who is widely recognized as "the father of modern medicine at UNC."

All Berryhill Society members who provide documentation of their planned gift will also be submitted for membership in the university-wide planned giving recognition group, The Gerrard Society.

Gifts to the UNC School of Medicine and UNC Hospitals are managed by The Medical Foundation of North Carolina Inc. Gifts can be designated toward a specific purpose or can be given as unrestricted funds to allow the medical center to use your gift where resources are most needed. Trusts, bequests and other planned giving arrangements to benefit UNC's medical center should be designated to The Medical Foundation.

The following is a current membership list. If you have questions or want further information, please call Jane McNeer, vice president and assistant dean, at (919) 966-1201 or (800) 962-2543 or send e-mail to Jane_McNeer@unc.edu.

Berryhill Society Charter Members (Charter Membership open until June 30, 2003)

Ira A. Abrahamson, Jr., MD '46, Cincinnati, Ohio
Joseph and Hannah Baggett, Fayetteville, N.C.
James F. Bagwell, Jr., Greenville, N.C.
Mrs. Pauline R. Barrett, Waterloo, Iowa
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Francis D. Pepper Jr., MD '56, Winston-Salem, N.C.
Harriet P. Peraldo, Pinehurst, N.C.
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from the president

Dear Alumni:

We have survived another holiday season. Hopefully you were able to find time between last minute shopping and sending out cards to spend a few moments with your close friends and family.

We have passed through a time of year when we reconnected with people who contributed a great deal to our lives. Whether it was personally, professionally or spiritually, we demonstrated to our loved ones a sense of thanks for helping us grow. That being said, I would like to call to mind the importance of remembering the institution that served a large role in our own development – the UNC medical center.

Now more than ever, as alumni we need to step forward and demonstrate our commitment for the medical center as it strives to maintain the highest standards in patient care and education. We cannot allow the effects of our slumping economy to stagnate the medical center's progress

The construction of the new N.C. Children's and N.C. Women's Hospitals has reaffirmed our high-level of dedication to patient care. With the new facilities such as the Bioinformatics Building and the Neuroscience Research Building, we are dedicated to cutting-edge research and positioned to attract new patients from all 100 North Carolina counties and alumni practicing outside the state. Through our giving, the medical center was able to build on its growing leadership role in the recruitment of physicians, staff and clinical researchers on a national level. Advances such as these are only made with the support of a strong and informed alumni base.

While considering how you could best support the medical center, I strongly recommend a review of the Web sites for UNC Medical Alumni Affairs and The Medical Foundation of North Carolina Inc. With a few easy clicks, we can build a greater understanding of each organization's mission and how they directly support programs, endowments and student scholarships. These sites serve as valuable resources of information that empower us to become more informed and active alumni.

With our collective efforts, we can ensure the medical center's position as a leading health care provider in North Carolina and the world and give something back to the place that gave us so much.

Sincerely,

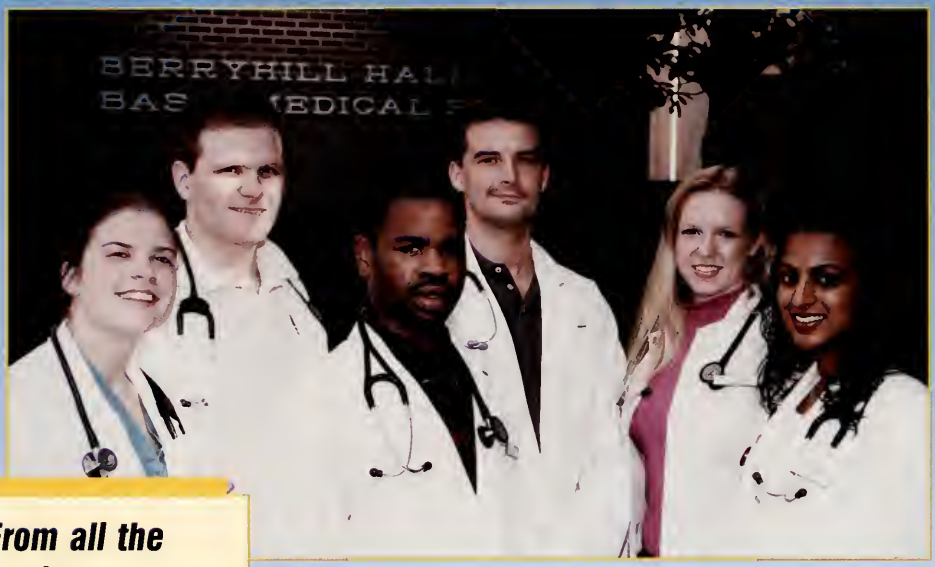
Ray Hayworth

Ray M. Hayworth, MD '62

UNC Medical Alumni Affairs – **www.med.unc.edu/alumni/HomeFrame.htm**
The Medical Foundation of North Carolina Inc. – **www.medicalfoundationofnc.org.**
UNC Health Care – **www.unchealthcare.org**

It is with deep regret that we inform you of the death of Dr. Ray M. Hayworth on Dec. 26, 2002, after a brief illness. Dr. Hayworth was a valued friend of the School of Medicine and will be missed. Additional information will be included in the next issue of the Bulletin.

'Thank you
for supporting our medical education.'



From all the students at The University of North Carolina at Chapel Hill School of Medicine, thank you for supporting us!

This past year, 46 percent of alumni made a commitment that totaled just over $4.4 million.

More than $1.6 million from current gifts and endowments supported by friends and alumni went to medical student scholarships. This is much-needed help.

Your support helps educate and teach us – the physicians and scientists of tomorrow.

On behalf of the entire School of Medicine student body, thank you for your generosity. We are grateful for your support.

For more information about supporting medical education at The University of North Carolina, contact The Medical Foundation of North Carolina, Inc. at (800) 962-2543 or visit our Web site at www.medicalfoundationofnc.org.

UNC SCHOOL OF MEDICINE
MEDICAL ALUMNI AFFAIRS

CME/Alumni Calendar

February 7-8 – Raleigh
North Carolina State University Dance Marathon, benefiting the N.C. Children's Hospital

Feb. 20-21 – Chapel Hill
Update in Geriatric Practice

February 21-22 – Chapel Hill
UNC Dance Marathon, benefiting the N.C. Children's Hospital

Feb. 22 – Chapel Hill
Pain, Addiction and the Law

March 4, 11, 18, 25 and April 1 – Chapel Hill
Mini-Medical School

March 14-15 – Chapel Hill
Herbal Medicine Conference

March 26-28 – Chapel Hill
27th Annual Internal Medicine Conference

April 4-6 – Chapel Hill
Spring Alumni Weekend

April 16 – Chapel Hill
Emergency Medicine Research Forum

April 26-27 – Chapel Hill
GDCN

May 5 – Chapel Hill
HIV Update

For more information, go to **www.med.unc.edu/alumni and www.med.unc.edu/cme.**

Estate Planning Notice

Many individuals would like to make a major gift to the UNC medical center, but cannot commit current assets for such a purpose. Through a will, however, anyone can make a more significant gift than they might ever have thought possible by designating a specific sum, a percentage, or the residue of their estate for the benefit of the medical center.

To provide a bequest, simply include a paragraph in your will naming The Medical Foundation of North Carolina, Inc. as a beneficiary. For example:

"I give, devise and bequeath (the sum of $_____) or (_____ % of my estate) or (the residue of my estate) to The Medical Foundation of North Carolina, Inc., a 501(C)(3) created to maintain funds for the UNC medical center with principal offices located at 880 Airport Road, Chapel Hill, North Carolina."

This language creates an unrestricted bequest for use by the medical center when and where the need is greatest, or you may specify that your gift be used for a particular purpose.

For further information on bequests, contact Jane McNeer at (919) 966-1201, (800) 962-2543, or jmcneer@email.unc.edu.

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Spring 2003

Medical A[illegible]i Bulletin

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HIGH TECH!

A look at the impact of new technology on the care of UNC's patients and the education of its medical students

from the dean

Dear Alumni and Friends:

For this issue of the Bulletin, *I have asked my wife, Corinne, to share with you the experiences we had on a recent trip to Africa:*

"Tell us about your trip to Africa," our friends insist. "I'll bet it was wonderful!"

Hmmm. It surely was wonderful, but not in the sense of great pleasure that word normally connotes.

A year earlier we had been to South Africa and Botswana, purely on vacation — a once-in-a-lifetime trip to celebrate the completion of my breast cancer treatment. That trip was completely pleasurable, but it wasn't the real Africa. We were protected from too much exposure to the realities of African life, as we shuttled from one luxury hotel or safari camp to another.

This past October, on a very different trip to visit UNC's research and patient care projects in Malawi and Kenya, we had a different glimpse. This journey was full of overwhelming and unforgettable wonders that made us consider our place in the world. Malawi made the deepest impressions in that regard, so I will focus on our experiences there.

We arrived in Malawi on Mother's Day, a major public holiday but a rather ironic one in a country where motherhood seems to bring more sorrow than happiness. The average mother in Malawi has seven children, and almost every woman we saw had a baby strapped to her back with a length of cloth. Most of these women were also pregnant and had toddlers underfoot. Probably a third had AIDS or were HIV-positive, and without treatment they would almost certainly transmit the virus to their new babies.

To reach one clinic where UNC teams do their work, we drove on a rutted dirt road through beautiful rolling countryside, dotted with occasional small villages of 10 or 12 huts. Along the road we saw a young woman with a baby strapped on her back, carrying a huge log on her head that must have weighed 100 lbs. She smiled broadly when we asked if we could take her picture, and another woman ran across the field to pose for us, as well.

The clinic was one of a number of sites where UNC conducts NIH-sponsored research aimed at understanding and preventing mother-to-child transmission of HIV/AIDS. Anti-retroviral drugs now cost only $30 a patient per month, but with the average annual income under $600, almost no one can afford to pay for the drugs. From what we saw, the only women receiving treatment were those participating in the UNC projects. In addition to the direct benefit of the drug treatment, the women who participate in the study are given large bags of maize to help feed their families.

Obtaining informed consent for these studies presented some fascinating challenges, we learned, and indeed UNC is conducting research on informed consent in other cultures. For example, the researchers in Malawi had to meet with tribal elders to get permission to take a small sample of blood from the placenta, since the placenta is considered almost sacred.

My most vivid memory is of the women at Bottom Hospital (so named because its elevation is lower than the other hospital in Lilangwe). There were hundreds of women crowded on benches or sitting on the ground — again, with babies on their backs and toddlers beside them. They arrive before dawn and often wait all day. Despite the crowds, there was very little noise in the waiting areas and almost total silence inside the hospital. Even the ward filled with women in labor was silent.

The pediatric intensive care unit was sad. I can't forget the solemn face of a tiny child with big dark eyes and fast, shallow breathing, lying perfectly still and making not a sound. Or her mother's face, as she sadly watched her little girl. The nurse said the child had cerebral meningitis and would not live through the day.

Amidst all the sorrow and seemingly insurmountable problems of disease and famine, Malawi also was unforgettable for its natural beauty, delicious fresh-caught chamba fish, the smiles of its beautiful people and warm hospitality.

The UNC people who work in Malawi are extraordinary. Because of them and others like them, there is hope for the future. We were proud and honored to be among them for a brief time, and we will never forget the experience.

contents

COVER STORY
The dawn of a new age 2

FEATURES

In the eye of the beholder 12

It's not a right, it's a privilege 14

She has a plan, too 18

Getting STAART-ed 22

Lickety-split 24

To get their life back 26

DEPARTMENTS

From the Dean ..... Inside Front Cover

Special Events 10

Faculty 28

News 30

Alumni 33

Research 34

Development 38

Appreciation 40

CME/Alumni Calendar ..... Back Cover

page 12

page 14

page 18

on the cover

From simple laptops in the classroom to robotics in the operating room, technology is having a big impact on both the care of patients at UNC Hospitals and the education of students at the School of Medicine. What's out there now -- and what's next?
(Photo Illustration by Brian Strickland)

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The **dawn** of a new **age**

From sophisticated computer **software** to simpler but helpful gadgets, **technology** is playing an increasingly important **role** in the **training of new physicians** and the **care of patients**

Photos by Brian Strickland

The doctor's new 'right arm'

Robotic-assisted surgery is winning support among doctors and patients

By Eleanor Lee Yates

Meet your surgeon's assistant. She's rather squat and compact. She has one arm. But is she ever steady and dependable.

She's Aesop, a high-tech robot that is drawing praise in UNC's operating rooms. Developed by Santa Barbara, Calif.-based Computer Motion Inc., Aesop is the first in a revolutionary line of robotic surgical systems. Its voice-controlled robotic arm positions and holds a 2.9- to 11- millimeter endoscope steadily for hours, steadier than a human assistant.

Aesop arrived at UNC two years ago but recently more doctors want Aesop on their operating room team.

"Aesop, move left. Stop. Move right. Stop." Richard Sutherland, MD, a UNC pediatric urologist, demonstrates voice commands and Aesop positions its slender arm. Dr. Sutherland spent an hour recording directions to Aesop onto a computer card. He recorded instructions in many tones, including urgent ones, so it will recognize his instructions in every tone.

Since Aesop was approved by the Food and Drug Administration in 1996, it has been a boom throughout the country for minimally invasive procedures in cardio-thoracic, urological, general, neurological, pediatric and OB/GYN surgeries. Dr. Sutherland uses Aesop regularly with pyeloplasty, obstructed kidney, undescended testicle and other procedures.

A physician makes a small incision in the patient and inserts the camera probe of Aesop's arm there. The surgeon works from another incision a few inches away. The images of the work are projected onto a monitor via the endoscope's high-tech fiber optics video probe.

"Some surgeons prefer to use a joystick but with voice commands you can use both your hands," Dr. Sutherland said. He first worked with Aesop while at Baylor College of Medicine in Houston and immediately saw its advantages.

"This makes a real difference. It's having a very steady hand holding the camera for hours," he said.

Timothy Farrell, MD, assistant professor of surgery and director of the Laparoscopic Institute of North Carolina, uses Aesop during his anti-reflex procedures primarily to hold the endoscope. Like Dr. Sutherland, he loves having a steady camera and thinks more doctors should try the little robot. There are some challenges, though. Set-up time takes longer. Another issue at UNC is that Aesop's base is mounted to the operating table.

"Some tables are not as conducive as others. At some point we should reconfigure the operating rooms if we're going to apply robotics," Dr. Farrell said.

These robots are merely tools, which improve surgeons' precision, control and dexterity.

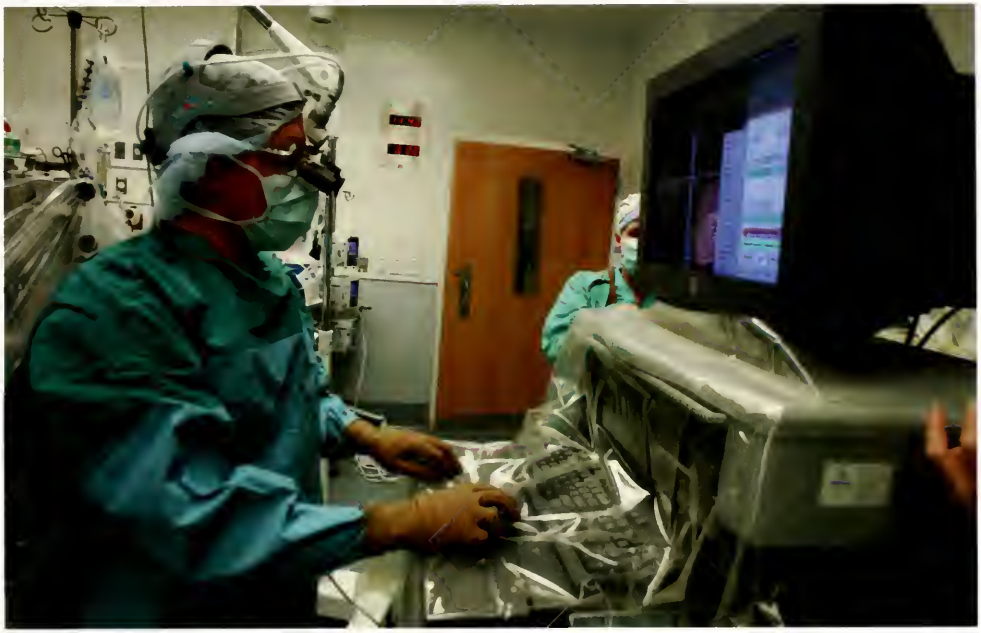
Aesop may have robotic company in the not-so-distant future. The newest generation of robotics includes Zeus, also manufactured by Computer Motion. There's also the da Vinci system, developed by Intuitive Surgical Inc. of Mountain View, Calif.

Both Zeus and da Vinci surpass Aesop with more sophisticated abilities. They are not the surgeon's assistant. They become his hands. But at all times the doctors are in charge. These robots are merely tools, which improve surgeons' precision, control and dexterity. Through a robot, a surgeon can turn an instrument 90 degrees.

The next generation of systems brings minimally invasive surgery to almost all surgical disciples, including beating heart coronary artery bypass surgery. The magic of these systems is found in the software. Zeus's 200,000 lines of computer code direct the machine's processors to pick up the hand movements of the surgeon as he uses the joysticks. A key advantage is that circuits filter out any hand tremors. The systems can also scale down hand movements to any size. Surgeons can make large motions on a console and the computer can scale them down to one-sixteenth of an inch.

"It simply allows doctors to do a better job, said Dr. Sutherland. "If I had a Zeus, I could make smaller incisions and perform more precise reconstruction of congenital defects in young children and infants."

Surgeons performing traditional open-heart surgery make an 8- to 10-inch incision by sawing through the sternum and opening the rib cage to get access to the heart. With the da Vinci system, a surgeon



Matthew Ewend, MD, tracks his progress using the Stealth Surgical Navigation System for image-guided surgery.

makes a 4-centimeter incision between the ribs in the right chest and two other 1-centimeter incisions. Next, they insert three robotic arms into the chest. One arm holds the endoscope that projects three-dimensional images onto a monitor. The system magnifies millimeter-sized arteries and veins 10 times — the size of drinking straws. The other two arms hold the pencil-sized instruments, which have tiny computerized mechanical "wrists."

The surgeon sits at a computer console several feet from the operating table, looking at a magnified three-dimensional image while moving the surgical instruments with two joysticks.

According to Stephen Pedroff, director of public relations and marketing for Computer Motion, about 75 Zeus systems are now used in the United States. Each costs about $900,000, but Pedroff said high profile learning centers such as UNC-Chapel Hill may qualify for partnerships, which can bring costs down.

Last November the da Vinci Surgical System was approved for its first cardiac surgery for mitral valve repairs by the U.S.D.A. Randolph Chitwood, MD, chair of the Department of Surgery at East Carolina University, and his staff led a national multi-center clinical trial studying the effectiveness of the da Vinci system for mitral valve repairs. Dr. Chitwood, who has performed 51 mitral valve surgeries with the da Vinci system, served as principal investigator of the 10-hospital study.

Dr. Chitwood, who arrived at ECU in 1984 and directs the Heart Center, has long been interested in minimally invasive heart surgery. He was an early user of Aesop during heart surgery. Today ECU is the leading international training site for the da Vinci Surgical System and has a team that trains visiting physicians.

"Our mission will always be to improve the health care for people in eastern North Carolina. We thought this was something that would improve outcomes," said Wiley Nifong, MD, director of surgical robotics at ECU. Eastern North Carolina is second only to eastern Kentucky in the number of cardiac deaths, he said.

The school still takes care of its own but now patients come to Greenville from all over the world, including England, Switzerland and Singapore. Recently a film producer from Cannes, France, was a patient.

A training team at ECU stays busy teaching visiting physicians.

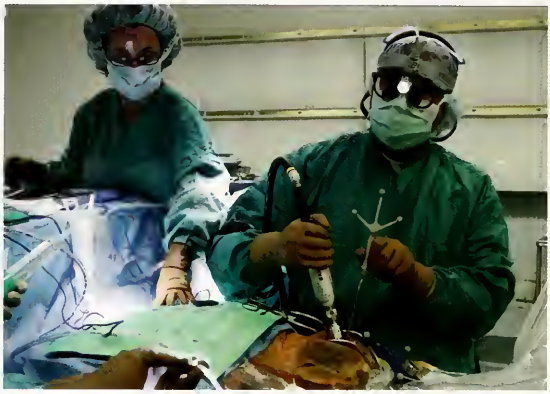
"There's a steep learning curve but it is adaptable," Dr. Nifong said. Recently he hosted groups of doctors from Nashville and Salt Lake City.

Dr. Nifong admits there is still some resistance to robotics at ECU.

"There are skeptics, but not nearly as many. People coined this a 'robot' but it's not a true robot. This robot is an extension of the surgeon when he puts on the Velcro finger traps," Dr. Nifong said.

He said almost all patients feel comfortable with their robotic-assisted surgery.

"We've never had a problem with the computer aspect. It's never not worked. But if we did have a problem we could move the system out of the way in a matter of seconds (and do conventional open heart)," he said.



Matthew Ewend, MD positions his instruments to best determine where a tumor ends and the normal brain begins.

Patients appreciate spending just three or four days in the hospital, compared to eight with conventional heart surgery. Dr. Nifong said most patients return to work in two weeks rather than six weeks to two months.

Dr. Nifong said the tight economy might be a factor in purchasing da Vinci or Zeus systems now. "But before long, I think they will be spotted throughout all regions of the country."

Anthony Meyer, MD, professor and chair of UNC's Department of Surgery, said the use of robotics is "exciting." He said UNC's Operating Room Policy group is strongly considering using the new generation of robots.

Dr. Meyer anticipates a major learning curve with Zeus and da Vinci and knows that many doctors who have done traditional surgery for many years may not be as receptive as younger ones. There's also the issue of storage space. In UNC's cramped quarters, Zeus or da Vinci would definitely need more elbow room.

"But the real reason we don't have (Zeus or da Vinci) is money," said Dr. Meyer. "We are considering this, but there are many competing needs. Still, the uses for these systems are growing and will continue to expand."

Susan Phillips, vice president of Surgical Services at UNC, said whether it was robots, new procedures or equipment, decisions should always take into account clinical outcomes. It is important for academic medical centers to have new technology for teaching, but the technology's benefit to patients must weigh heavily in the balance. She thinks patient care has benefited from the Mobetron, BrainLab and StealthStation systems, three recent high-tech purchases.

But there are concerns.

"The new technology does not only have a large price tag for the equipment itself, but there is a cost associated with operating it," Phillips pointed out. "Other issues related to cost include maintenance agreements, additional labor who possess the special skills required to use these devices, additional space needed in operating rooms and for storage, and, finally, annual upgrades. This type of technology is expected to change yearly.

"I think we also need to realize there is little to no reimbursement for most new technology for the hospital," Phillips added. "The additional cost – again, not only for the equipment but for care and handling – needs to be offset by clinical patient outcome, ease of performance and increase in the efficiency of the patient flow. Multidisciplinary planning has been the key to proper purchase and long-term use."

And yet Phillips believes there is the real possibility of getting a second- or third-generation robot at UNC through Computer Motion or Intuitive. She thinks there is much interest throughout many departments.

"I think we need a year to plan for the proper room use and to allow the doctors to practice on the first generation, Aesop," Phillips said. She feels a realistic request could be made during fiscal year 2005.

Whenever that day comes, the new robot will surely receive a hearty welcome – along with a very full to-do list.

Eleanor Lee Yates is a free-lance writer who lives in Wake Forest, N.C. A former reporter for The Fayetteville Observer, *she is a frequent contributor to the* Medical Alumni Bulletin.

High-tech assistance in the operating room

Large university medical centers often have the latest, greatest technology. But with some technology topping $1 million, no hospital can afford to shop on a whim, especially in the current economy.

Before buying, departments consider whether new technology would benefit a sizeable number of patients or if residents would benefit from learning how to use it. Also considered is whether the technology has any true staying power.

UNC has acquired significant technology during the past few years, technology that is revolutionizing conventional procedures.

The arrival a year ago of Mobetron, a mobile electron-based radiation therapy system used in the operating room during a surgical procedure, drew much attention. UNC was the fourth medical center in the nation to purchase the system. Mobetron has been a big boost for patients with advanced and recurring cancers who are undergoing intraoperative radiation therapy. Intraoperative radiation therapy allows a high dose of radiation to be delivered to the tumor while not irradiating the nearby normal tissues, which would happen with conventional external beam radiation therapy, according to Joel E. Tepper, MD, chair of the UNC Department of Radiation Oncology and a member of the UNC Lineberger Comprehensive Cancer Center. Conventional therapy also requires many therapy sessions, while much of the dose can be given in a single session when it is delivered intraoperatively.

Until recently, intraoperative electron systems required patients to be moved during surgery to the radiation therapy department while they were under anesthesia. Mobetron enables cancer patients to receive radiation therapy without making the trip out of the operating room.

Another plus is that the system produces an electron beam and not a traditional X-ray beam, from which stray radiation can occur and is much harder to shield, said Dr. Tepper. There is also convenience of being able to move the Mobetron from room to room. Developed by Intraop, Inc., in Santa Clara, Calif., and now manufactured by Siemens Medical Systems, Mobetron weighs 2,500 pounds – almost an eighth the size of conventional radiation accelerators.

Dr. Tepper said the Mobetron is currently used about once a week.

He was one of the first doctors to use traditional intraoperative electron beam radiation therapy almost 24 years ago at the National Cancer Institute and then at the Massachusetts General Hospital.

"It's worked well in delivering the dose where we want for patients with high risk tumors," he said. Tepper said he was always looking at new technology and that his department was in the process of installing a high-precision conventional radiation accelerator.

> "These systems really improve our accuracy once we are inside the brain," Dr. Ewend

"There is a lot of exciting technology out there. We don't get everything," Dr. Tepper pointed out. "I think we have kept up, though it's sometimes a struggle. We define which technology would be most beneficial to our patients and which is most consistent with our expertise."

On a cold, dreary weekday morning Brent Senior, MD, a UNC ENT surgeon and associate professor, was working assiduously on a teen-age patient suffering from a chronic sinus infection. The infection was causing severe health problems for the young woman, and Dr. Senior was surgically removing sinuses located very close to her brain.

"It's precarious," Dr. Senior said. After all, one slip could cause blindness. But as he worked, he had a very helpful "road map" on a nearby computer monitor. Dr. Senior and other surgeons have come to rely on image-guided surgery with BrainLAB's global positioning system for the body.

Dr. Senior tracks his surgical instrument with the help of a computer and monitor. BrainLAB's cranial computer system has two cameras that emit infrared signals, determining the position of the surgical instruments in relation to the patient's head. Just as a pilot uses radar, a surgeon uses BrainLAB to follow the movements of his instruments onscreen. The system also helps the surgeon avoid blood vessels and nerves.

BrainLAB received clearance from the FDA for its VectorVision Image-Guided Surgery System in 1997. UNC purchased the system, which cost more than $200,000, about two years ago and uses it about eight to 10 times a week.

"This really provides an extra level of safety," Dr. Senior said. "This takes the work of an accomplished surgeon and makes it safer."

BrainLAB is used in otolaryngologic surgeries such as the ones Dr. Senior performs, but also for brain tumors. Tumors can be localized with accuracy and surgeons can attack the tumor with high-precision radiation or remove it with minimally invasive surgery.

It was quiet in the operating room where Matthew Ewend, MD, was operating on a young woman with a brain tumor. He kept track of his work by observing the scene magnified on a nearby monitor, part of the Stealth Surgical Navigation system for image-guided surgery, which allows neurosurgeons to precisely plan and visualize a procedure deep within the brain and spine.

Stealth may also be used for other surgeries. Dr. Ewend, the Kay and Van Weatherspoon Assistant Professor of Neurosurgery and section chief of Neuro-Oncology, can track the position of his instruments in relation to the operative target and the patient's anatomy. The system maps anatomy to a CT or MRI scan and uses the technologies of fluoroscopy, ultrasound, digital viewing and microscope integration. Doctors say the system helps them remove tumors and perform biopsies faster and more precisely.

"These systems really improve our accuracy once we are inside the brain," Dr. Ewend said. "With certain types of tumors, it is difficult to determine where the tumor ends and the normal brain begins. These navigation systems allow us to base the resection on the MRI image, in addition to our own visualization of the brain. These surgical navigation systems help a surgeon make sure he or she is removing all of the tumor."

Dr. Ewend said that before navigation systems were available, surgeons made estimates based on external landmarks such as the ear, the corner of the eye, and the bridge of the nose to plan their incisions.

UNC owns two Stealth systems, each costing over $200,000, and uses them three or four times a week. Stealth also assists in ENT and orthopedic surgery.

– Eleanor Lee Yates

Keeping the **pace**

UNC medical courses revolve around technology more and more

By Rebekah Butler

In 1965, Intel co-founder Gordon Moore foresaw that the processing power of computers would continue to double every 18 months. Over time his prediction has proven remarkably accurate. The UNC School of Medicine is taking advantage of this achievement by embracing technology in order to enhance curriculum.

Laptops have joined pens, paper and books as essential equipment for School of Medicine students. For the sixth year, first-year students have been required to purchase a laptop computer selected by the School of Medicine's Office of Information Systems.

The laptops, chosen annually, are configured by OIS to provide all the applications that students will need. The Educational Technology Group, a division of OIS, then instructs students to use the applications.

"We quickly realized that requiring a laptop must go hand-in-hand with providing an environment rich in electronic resources as well as training in how to use these resources," said Eve Juliano, MEd, director of ETG.

During the first seven weeks of the fall semester, students attend a weekly course called Pre-Clinical Informatics. In the lecture hall, students connect their laptops to the Internet via wireless access points. Juliano, the course director, collaborating with staff from the Health Sciences Library, teaches students to find and evaluate online resources, to access clinical guidelines, to use databases such as MEDLINE and to create Web pages.

The course also teaches students how to use the School of Medicine's electronic syllabus. Created seven years ago, ETG, with material supplied by faculty, developed the electronic syllabus to provide students with a centralized, searchable resource for their courses.

Accessed through the school's Web site, and password protected, the School of Medicine's electronic syllabus has grown over the years. Now, nearly all of the materials for every course are posted, from simple lecture notes to extensive multimedia resources.

Human Anatomy and Embryology is an example of a course that fully utilizes the capabilities of the electronic syllabus. This course syllabus contains dissection videos, interactive images such as radiographs, computerized tomography and magnetic resonance images, self-evaluation quizzes and links to such resources as Netter's Interactive Atlas of Human Anatomy.

While some of the resources developed for the Human Anatomy and Embryology course were funded by grants, the Dean's Office covers all the costs of multimedia development and video production for the electronic syllabus. ETG staff develops the resources.

Although medical schools nationwide have been encouraging faculty to offer more course materials electronically, the UNC School of Medicine has not only encouraged the development of electronic materials, but also provided the support and resources necessary for the shift.

"A unique aspect of our electronic environment is that we have a uniform presentation for all courses and a staff to format and post all materials for the faculty. This enables students to quickly learn to use the vast amount of material available to them. Both faculty and students can then concentrate on teaching and learning medicine, not on technology," Juliano said.

ETG teaches faculty to use various technologies to develop their own course materials, both individually and through monthly workshops in ETG's Multimedia Development Lab. Topics include the use of both hardware, such as scanners and digital cameras, and software, such as PowerPoint and Photoshop. Workshops also are offered on developing Web pages. Faculty who wish to develop multimedia course material have access to various hardware and software, in the Lab with assistance from ETG staff who teach and troubleshoot problems.

Enhancement of electronic curricular resources is supported by ETG's grant program. Faculty grants are typically about $4,000. Often, students are hired to assist faculty, and thus can benefit by learning to create such materials.

The impact of technology goes beyond delivery of curricular content. Evaluation of students' performance is now enhanced with a centralized, interactive testing system. Redesigned three years ago, the Assessment and Item Management System, (AIMS), seeks to ensure that examinations are valid and reliable as well as efficient to prepare and administer. The system, modeled after the National Board of Medical Examiners' United States Medical Licensing Examinations, accommodates item formats and testing strategies that are educationally sound and help faculty develop items that assess student competency.

"Assessment of students' cognitive achievement and problem-solving skills must result in relevant and reliable data, and AIMS has proven instrumental in improving the quality of our assessment instruments," said Donna Harward, associate director of the Office of Educational Development.

Beyond improving both the validity and reliability of

The laptop has become an essential tool for surviving medical school. Students have access to electronic resources in the lecture halls and at their laboratory desks in Berryhill Hall. In addition, they are given instruction on how to fully utilize the vast number of applications available to them.

tests, AIMS provides additional benefits for both faculty and students. Once faculty use the system, question-based performance data accumulates, allowing faculty to monitor how students perform on specific content areas over time. This is particularly helpful to faculty when they seek performance data on specific questions to help determine if changes in course design result in more effective learning.

Another benefit is that faculty can identify questions to be released to students for self-assessment. This Web-based component allows students to self-test and to receive immediate feedback on their performance, including justifications for the correct answer. Additionally, because the system is organized by organ systems, courses and key words, faculty can view, but not use, test questions from other courses. This capability promotes integration of teaching and allows faculty to determine whether and how other courses are addressing similar content.

> "A unique aspect of our electronic environment is that we have a uniform presentation for all courses and a staff to format and post all materials for the faculty."
> Eve Juliano

AIMS reports to students the results of their examinations within 24 hours. When preparing for board examinations, students' priorities for areas to study will be clearer because AIMS provides feedback about each category of performance.

While students continue to take tests with pencil and paper, the School's goal is online testing using students' personal laptops. This will be possible now that students can log onto the Internet wirelessly in Berryhill's two large lecture classrooms. The security of online exams has been tested and verified under rigorous conditions, and the first online tests were scheduled for this spring. This will give students important practice for taking the USMLE, the national board exams for licensure, which are given online, exclusively.

"Testing is often stressful for students and faculty, but technology is allowing us to improve the quality of our tests while removing many of the variables that cause students' anxiety and cause faculty frustration," Harward said.

Another evolution in technology, the personal digital assistant, already has been recognized by the School of Medicine as a valuable resource. Third- and fourth-year students are now required to have PDAs.

"The PDA project was student driven. Students have been the leading force in encouraging their use and training other students how to use them," said Juliano.

Students use PDAs for such things as accessing medical reference books and drug information. The Department of Family Medicine is one of the first departments to incorporate its use.

The department requires third-year students on their rotations to immediately record on their PDAs the procedures they do and the types of patients they encounter while on their clinical clerkships. Faculty then are able to review this information, helping them to not only monitor what students are learning, but also ensure that they are having similar experiences around the state. The device's portability makes this possible.

The Office of Educational Development also uses PDAs to evaluate student learning, but in a different way. During their fourth year, students' take a comprehensive Clinical Performance Exam that requires them to interview, examine, and diagnose standardized patients. These actors are trained to portray specific common medical problems through clinical scenarios. The actors use the PDAs to document their evaluations of interactions with students.

Juliano said that though technology enhances the curriculum, it is not without its challenges.

"While it is essential that the School of Medicine stay on the forefront of technology, we must make sure that we use technology to enhance the educational process," Juliano said. "We must be cautious not to use a new technology because it exists, but because it will allow us to do something better.

special EVENTS

Photo by Tom Maltais

Off and Running

Nearly 200 "mall walkers" have signed up for UNC Health Care's "Heels in Motion" partnership with The Streets at Southpoint mall. Triangle residents can now stretch their legs while they window shop at the mall Monday through Saturday starting at 8 a.m. and Sunday at 10 a.m. UNC Health Care sponsors a guest speaker the last Wednesday of each month at 8:30 a.m. to discuss health and fitness. Panera Bread hosts each talk and provides a complimentary breakfast beginning at 8 a.m.

Photos by Jay Mangum

Nearly 40 medical students presented posters at the School of Medicine's annual Community Service Day held Feb. 15. The event allows students to share their experience with community and international services.

Below, Cheryl McCartney, MD, executive associate dean for medical education, and Michael Zollicoffer, MD '85, at the event.

23rd Zollicoffer Lecture

Lynt B. Johnson, MD, associate professor of surgery and chief of the division of transplant surgery at Georgetown University Medical Center, greets UNC faculty before giving the annual Lawrence Zollicoffer Lecture.

Berryhill Lecture

Oliver Smithies, DPhil, right, speaks with UNC President Molly Broad and Chancellor James Moeser at the Berryhill Lecture, given by Dr. Smithies.

The Champ drops in

Above, former heavyweight boxing champion Evander Holyfield (right, in hooded sweatshirt) and ex-N.Y. Yankee Cecil Fielder greeted a UNC patient when they joined famed attorney and philanthropist Willie Gary and others on a visit to the N.C. Children's Hospital in March. The group, in town for the CIAA Tournament, signed authographs, posed for pictures and met the staff.

Photos by Brian Strickland

In the eye of the beholder

Art gallery in N.C. Neurosciences Hospital strives to beautify its surroundings – and send a strong message

By Crystal Hinson

For centuries, art has been appreciated for its beauty and meaning. It has been used to decorate space, line galleries, brighten rooms and fill the air. Now art is being appreciated in another realm – health care.

Art within the walls of UNC Hospitals is quickly becoming more visible at every turn. From the kinetic sculpture and the performance stage of the N.C. Children's Hospital to the rotating artwork in the Women's Health Information Center, art inspires and influences the day-to-day interactions that both employees and patients have with the hospitals. It also serves as an outlet of expression for those dealing with many types of life-altering diseases while here in the hospitals' care.

Photos by Jay Mangum

"The STEP Gallery has contributed so much to the quality of life of local artists with mental illness. It gives us something to look forward to and a healthy manner in which to express ourselves. I love to get comments from people who have seen my poetry at the hospital and around the triangle," Christopher Yount, poet, said.

One such source of art therapy at UNC is the Department of Psychiatry's Schizophrenia Treatment & Evaluation Program (STEP) Gallery. Located on the third floor of the N.C. Neurosciences Hospital, the gallery features artwork from various patient artists, representing different mediums and different skill levels. Offered as an exhibition space only to inpatients and outpatients of the department's STEP program, this gallery is a place for adult patients to express the emotional aspects of their illnesses.

Titled "Brushes with Life: Art, Artists, and Mental Illness," the gallery offers a closer look at those suffering with a mental illness. In doing this, it also hopes to work toward decreasing the social stigma surrounding illnesses such as schizophrenia and bipolar disorders.

"The STEP art gallery was originally created to allow a permanent gallery space for our patients to display their art and demonstrate to others their creativity," said Nancy Clayton, MD '92, medical director of the psychotic disorders unit and assistant professor in the Department of Psychiatry. "People with chronic mental illnesses like schizophrenia or bipolar disorder are not necessarily more creative or talented than the average person just by the fact of having a mental illness. However, their emotions, life circumstances, struggles, and symptoms may provide more material or motivation to be expressed in their art."

In addition to the therapy that the gallery provides for patients, the art brightens the walls leading to the hospital's inpatient psychotic disorders unit – impacting patients, staff and visitors.

According to Dr. Clayton, organizers hope the establishment of the STEP art gallery will help target stigma and demonstrate how people with chronic mental illnesses such as schizophrenia, schizoaffective disorder, major depression or bipolar disorder can be creative and productive. Traveling exhibits have begun to bring the artworks to others around the state and to continue to spread this message.

"As a psychiatrist providing inpatient care for a number of our artists, I see firsthand how their artwork and involvement with the STEP art gallery has created different avenues for us, and others, to relate to them as patients," Dr. Clayton pointed out. "It allows us to foster

other options and better help them deal with the ups and downs chronic mental illnesses brings. Simultaneously, it gives them a positive outlet for expression and release, not necessarily solely focused on treatment. The STEP art gallery committee members and I hope to nurture and encourage the artistic talents of the patient-artists."

With it's inaugural unveiling in January 2001, the STEP gallery has been through four exhibits and has grown to include a large traveling exhibit. The traveling exhibit is on display at Raleigh-Durham International Airport until May.

Artwork in the hospital gallery is changed on a biannual basis, and selected works are available for purchase from the artists. Chaired by Dr. Clayton, the gallery committee is made up of volunteers representing mental health professions, Public Affairs & Marketing, interior design and patient artists.

For more information about the gallery, e-mail the gallery at stepart@med.unc.edu.

Nancy Clayton, MD (left) and Paula Mayence (center), chair and co-chair of the STEP Art Gallery Committee, meet with artist Christopher Yount to review artwork for an upcoming exhibit. The artwork of the gallery is rotated every six months.

The arts boost patients in many other ways, too

By Bernadette Gillis

Musicians, clowns and dancers are usually associated with a carnival or circus, not a hospital. But several days a week at UNC Hospitals, that's exactly what you can find in many patient rooms.

The DooR to DooR program brings performing artists to patients and their families while in the hospital. The performers help patients get away from the difficulties surrounding their illnesses, said Joy Javits, program coordinator.

"The performers bring the healthy outside world into the patients' rooms and change the atmosphere in the hospital," Javits said. "The program elicits laughter, which is a treasure in the hospital."

The performers usually visit children, but they also visit adults, including many in the N.C. Jaycee Burn Center and the intensive care and hematology/oncology units, Javits pointed out. The children and adults have enjoyed many different types of artists and performers, including magicians, harpists, blue grass singers/musicians, clowns, cartoonists, storytellers and dancers. "We brought in a dancer who had polio in childhood and performed in a wheelchair for patients. She and a patient did wheelies together."

In addition to performing in patients' rooms, many artists also perform on the Charlie Gane Performing Arts stage located in the lobby of the N.C. Children's Hospital. Because of a grant awarded by the Orange County Arts Commission, 12 artists have been scheduled to perform on the stage this year, including an accordion player and a puppeteer.

The DooR to DooR program, which is funded by The Medical Foundation of North Carolina, Inc. through the Excellence Fund, has been well received by patients.

"The patients are elated," Javits said. "People say it is soothing. It feels good to them because they get to be a part of the art world and communicate with artists who care deeply about human expression."

Patients are not the only ones who benefit from the program, Javits said. "This program is a gift to patients and also to patients' families and to the excellent staff of UNC Hospitals."

Some of the performers have been touched by the DooR to DooR program, as well. Jonathan Byrd, a musician who refers to the program as "the toughest gig," said his experience while performing for a dying child in the Burn Center was very emotional.

"No higher honor could be bestowed on any musician," he said. "I left that room carrying a lesson in the power of music."

'It's not a **right,** it's a **privilege'**

New Alumni president stresses the importance of giving back

By Bernadette Gillis

John Foust, MD, '55, has always known the value of working hard and giving back to others. Over the years he has dedicated his life to giving to his patients, community and alma mater. And now, even though retired as an otolaryngologist, his commitment to the community and to UNC continues.

As the new president of the Medical Alumni Association, Dr. Foust said he hopes to get more alumni involved with School of Medicine activities, such as class reunions and annual area/regional campaigns.

"I would like to encourage alumni not only to be financially active but also physically active and support however they can," he said. "I want to get more and more alumni involved in the activities of the school in a positive way."

Even though his term as president of the Medical Alumni Association officially began this spring, Dr. Foust's involvement with the association first began in the fall of 1989 when he was recruited for the newly created volunteer position of national chair of the Loyalty Fund.

His volunteer efforts have had a great impact on teaching and learning programs, said Jane M. McNeer, assistant dean and vice president of The Medical Foundation of North Carolina, Inc.

"The year before Dr. Foust became involved, 9 percent of alumni gave $56,000 to the Loyalty Fund. Our 2002-03 goal is $750,000 and 41 percent participation," she said. "The Loyalty Fund has increased by 1,289 percent since he became involved. It would take a $15 million endowment to generate $750,000 annually. Over 40 percent is earmarked for student programs and scholarships."

McNeer attributed Dr. Foust's many accomplishments to his ability to recruit other alumni as volunteer leaders. "He personally recruits the leadership for 20 campaigns a year. Those leaders and others they recruit create a volunteer force of nearly 400 alumni each year working on behalf of the Loyalty Fund. The peer-to-peer solicitation is why the Loyalty Fund has been so successful."

Hometown: Lexington, N.C.

Honors: Recipient Distinguished Service Award, 1998

Family: Married to Doris T. Foust in 1955, widowed 1995; married Ann M. Foust in 1997; five children, three stepchildren, 10 grandchildren

Personal Interests: Woodworking, boating, fishing and traveling

Dr. Foust said he realizes the importance of the Loyalty Fund, which helps support many of the medical school's activities, programs and scholarships. His decision to give so much of his time and energy to the Loyalty Fund and to the medical school as a whole was an easy one, he said.

"My father died when I was 13, and I pretty much had to work my way through school. If I hadn't gotten into UNC with the tuition being as low as it was, I would have never been able to go to college or medical school. Because of that, I feel I owe something, not only to the medical school but also to the community at large."

Dr. Foust, a firm believer in going back, has been involved with the Loyalty Fund for the past 14 years.

Long before he could give anything back to UNC, Dr. Foust first had to get through school. Thanks in part to a job in Lenoir Dining Hall, he made his way through the undergraduate program. After attending the School of Medicine, he began a general surgery internship at N.C. Memorial Hospital in 1955. During this internship he found several mentors and discovered his love for otolaryngology.

Dr. Foust said he was influenced by several faculty members from the Department of Surgery, including Nathan Womack, MD, chair, Colin Thomas, MD, who succeeded Dr. Womack as chair, and Turk Newsome, MD. "They were all important in my decision to stay in Chapel Hill for my post-graduate training."

One faculty member who had a major influence on Dr. Foust's career was Newton Fischer, MD. "I think Dr. Fischer was the stimulus that guided me to ear, nose and throat," he said. "I rotated through all the general surgery specialties, and while I was rotating through ear, nose and throat, I decided that was what I wanted to do. I feel like Dr. Fischer was the outstanding mentor for me."

In addition to Dr. Fischer's influence, Dr. Foust's attraction to otolaryngology came about because of his desire to help make patients' lives better.

"I thought it was a specialty in which you helped patients enjoy a better life by helping to control their infections or helping them to hear better." He added, "To me it was just a more positive type of specialty."

Once he decided what he would specialize in, Dr. Foust remained at Memorial Hospital and began his residency in otolaryngology. He then took his passion for otolaryngology to the Philippines. At the time, medical students were required to go into the military after

completing school. Dr. Foust chose to go into the Air Force, which he said was one of the best experiences of his career.

"I thought there would be a board certified otolaryngologist that I'd be working with," he said. "But I learned that I was the only ear, nose and throat doctor in Southeast Asia."

Some people may have been overwhelmed by such a situation, but Dr. Foust saw it as an opportunity.

"I was basically self-reliant. I had the privilege of referring patients back to the states or to Japan, where they had board otolaryngologists. But I had to do a lot of things on my own, and it gave me a lot of self-confidence that I probably was lacking before I had this tremendous experience."

Dr. Foust left the Air Force in 1959 and finished his residency at Memorial Hospital in 1962. At the time he was married with several children, and he decided to settle in Charlotte, N.C., where he went into private practice.

For more than 30 years, Dr. Foust treated patients at his practice, but he also spent those years serving the Charlotte community. Over the years he made a special effort to help residents. As a part of their rotations, many residents from Carolinas Medical Center would go to the practice and work closely with Dr. Foust and his associates.

"The residents rotated through our office almost constantly. That wasn't a paid position. I volunteered to work with those residents. I felt like I owed it to the next generation of physicians to help teach them."

He added, "I think it's a privilege to practice medicine. It's not a right, it's a privilege. I think you need to give back."

Dr. Foust's community service goes beyond his work with residents. He served on boards of directors for several organizations, including Providence Day School in Charlotte, the Charlotte-Mecklenburg Chamber of Commerce, the United Way of Central Carolinas and the Central Carolina Regional HIV/AIDS Consortium. Dr. Foust also has been very active with his church.

"I've been pleased with my whole experience in life, especially the accomplishments I've had in giving back to the community."

Dr. Foust and his wife, Ann.

Photos by Jay Mangum

She has a **plan**, too

Associate dean of student affairs proves a valuable mentor to students

By Rebekah Butler and Alice Pelland

A recent Saturday morning found Georgette Dent, MD, at the UNC School of Medicine's annual Community Service Day. The day before, Dr. Dent provided closing remarks at the annual Zollicoffer Lecture and Banquet, commemorating 50 years of African-American presence in the School of Medicine.

Yes, Dr. Dent gets around.

And her interest in students and their education has earned her widespread respect and admiration as someone they can turn to for guidance and advice.

As associate dean of student affairs, Dr. Dent works daily with students, with whom she has enjoyed working since joining the UNC faculty. She oversees the

As associate dean of student affairs Dr. Dent interacts with students daily. On a Saturday morning earlier this spring Dr. Dent attended the School of Medicine's annual Community Service Day where she discussed with students their experiences with community and international services.

operations of the Office of Student Affairs, which strives to create a supportive environment for students to master the educational objectives of the curriculum while maturing personally and professionally.

Her staff of more than 20 employees includes the school's Registrar and Student Records Office, educational resources coordinator, financial aid officer, health and safety officer and events coordinator. She is responsible for recruiting and preparing faculty advisors, as well as career goal advisors.

In addition, Dr. Dent oversees career planning and residency matching, student support services and the development of professional conduct. She has been instrumental in supporting the Medical Spanish Program and establishment of fourth-year electives in Mexico and Peru. "We hope to continue to develop our students' ability in medical Spanish with the addition of a fourth-year elective in Seville, Spain," Dr. Dent said.

"Simply put, my office is responsible for everything from orientation through graduation," she said. Since the school maintains student records in perpetuity, that obligation extends beyond graduation.

In addition to her responsibilities as associate dean for student affairs, Dr. Dent is an attending physician in UNC Hospitals' hematology laboratory. She also continues to teach, but not as much as she would like.

"Georgette is a very talented physician and a superb teacher, but there are no shortage of talented physicians and teachers on this campus. What makes Georgette such an outstanding member of the academic community is her ability to

Dr. Dent and second-year medical student Lamar Mack present Lynt Johnson, MD, with a plaque displaying his name as the Keynote Speaker for the 23rd annual Lawrence Zollicoffer Lecture. Dr. Johnson, right, is on the faculty at Georgetown University Medical Center.

deal with people," said Stuart Bentley, MD, a professor in the Department of Pathology and Laboratory Medicine and the first faculty member Dr. Dent met when she came to UNC as a fellow.

Dr. Dent's ability to deal with people indeed is called upon daily counseling students, mediating disputes between students and faculty and serving on the Student Promotions Committee. Her strengths have been recognized by the Office of the Executive Vice Chancellor and Provost by her appointment to chair the university's Student Affairs Task Force.

With more than 600 students, mostly in their 20s, working to complete a demanding curriculum, student crises are bound to arise. On a regular basis, Dr. Dent helps students balance situations in their personal lives with the demands of their medical education. She also helps students make decisions about career choice.

"When students come to me with career questions, I try to help them sort out what it is that they really want to do and what their strengths are. Then I suggest resources that may help them. Often it involves referring them to faculty who specialize in a particular area," she explained.

Dr. Dent's sapience has been recognized by students repeatedly in their selection of her as a speaker at the annual Pearls Day, an event in which well-loved members of the faculty are selected to impart their pearls of wisdom to the soon-to-be physicians. And on more than

one occasion, she has been the subject of good-natured student impressionists at the students' annual skit night.

Dr. Dent credits students and the people she works with as reasons she has remained at UNC. She also expresses a strong belief in the school's mission. "I like the fact that we exist to serve the citizens of North Carolina," she said. "Any small role I can play to make life better for our citizens, I feel very fortunate to be a part of.

"Through my teaching and advising, I found that I really loved mentoring and giving advice. My appointment to the dean's office was a natural outgrowth of those interests," she added.

Childhood fosters interests

Dr. Dent realized her affinity for mentoring early.

Born in Brooklyn, N.Y., Dr. Dent was 13 when her parents, native North Carolinians, decided to move back to their home state and settle in Garner.

Dr. Dent's interests in mentoring and advising first took root in childhood, and not surprisingly, were influenced by her family. Both her mother and her paternal grandmother were teachers, and she assumed she also would join the profession.

Her career ambitions shifted, however, the summer between her junior and senior years in high school when she attended the Governor's School of North Carolina, an academic enrichment program for rising high school seniors.

As part of the program, students concentrate their studies on a particular academic discipline. Dr. Dent studied the humanities – but through interactions with students studying varying disciplines, she began to explore the idea of a career in science.

Dr. Dent pursued medicine.

"The nice thing about medicine is that it gives you the opportunity to combine an interest in people and humanities with biology and the natural sciences."

Fond of North Carolina and not wanting to venture far from home, Dr. Dent attended Duke University for her undergraduate education, as well as for medical school and residency.

Dr. Dent decided to specialize in pathology during her third year of medical school. Uncertain of the direction she would take following her residency, a mentor encouraged Dr. Dent to pursue a fellowship. "My mentor suggested that I leave Duke in order to gain a different perspective. He knew the faculty at UNC and the excellence of the pathology program, so he recommended that I do a fellowship here," she recounted.

Upon completing her fellowship, Dr. Dent joined the School of Medicine faculty as an assistant professor, and she quickly became active in teaching and advising. She was promoted to an associate professor in 1994, followed by her appointment to assistant dean for student affairs in 1996. Two years later, Dr. Dent was promoted to associate dean.

As full as her demanding schedule can be, she maintains an open door policy and will see students whenever they drop by. A student will often enter her office with a somber expression but leave with smiling relief because, as Dr. Dent will say as she sees the student to the door, "We have a plan."

Getting **STAART-ed**

UNC takes a huge leap in autism research

By Crystal Hinson

Sixty years ago, Dr. Leo Kanner, a child psychiatrist at Johns Hopkins School of Medicine, first described the condition of autism – a lifelong disorder affecting social, communicative and behavioral functioning from an early age for which there is currently no cure. For much of this last 60 years, leaders in the field mistakenly attributed the cause of this condition to faulty child rearing practices by parents.

Dr. Lin Sikich, principal investor of the psychopharmacologic treatment study in the STAART Center, evaluates how well two different kinds of medications work for improving the functioning of children with autism and how safe and easy to take the medications over a one-year period.

Research over the last 15 years has, however, clearly established that autism is a biological disorder due to abnormal brain development, and most cases are largely the result of genetic factors. Plus, the number of children identified with autism has increased dramatically during this period. With this in mind, a research team at the UNC Neurodevelopmental Disorders Research Center (NDRC), headed by Joe Piven, MD, and Jim Bodfish, MD, is now poised to make an important contribution to better understanding the devastating condition of autism.

As part of the new Studies to Advance Autism Research and Treatment Autism Research Center (STAART), funded by the National Institutes of Health, NDRC researchers will explore the interface of gene-brain behavior relationships in autism. One of eight such STAART Centers to be funded as part of the Children's Health Act 2000, the grant to UNC includes collaborators from the Duke-UNC Brain Imaging and Analysis Center, the University of Iowa, The Institute of Psychiatry in London and the National Institutes of Mental Health.

The STAART Autism Research Center will include five studies, each with a different focus, that address the causes, underlying mechanisms and treatment of the disease.

"Autism is a complex condition involving a range of behavioral and cognitive abnormalities, affecting multiple parts of the brain as it develops and likely to involve the interaction of multiple genes," Dr. Piven said. "The STAART Center allows for the integration of studies from all of these perspectives, examining the relationship between behavioral abnormalities, brain structure, function and development and the role of genes. It is only through this integrative and iterative process that we will begin to put the pieces of this complex puzzle together." Here is what STARRT will examine:

The neuropsychological basis of the broad autism phenotype

This study, headed by Dr. Piven, examines the neuropsychological basis of autism and brings together a study of autistic individuals and their families in North Carolina with a unique sample of non-autistic brain injured patients studied for many years at the University of Iowa. In doing so, the study will examine how autistic individuals conceptualize social cues and interactions, as well as their stereotyped interactions with the world around them.

Neuroimaging of cognitive and social deficits in autism

Headed by Aysenil Belger, PhD, UNC assistant professor of psychiatry, this research is a collaborative effort with Dr. Piven and Drs. Gregory McCarthy and Kevin Lebar at Duke University. It includes several studies using functional magnetic resonance imaging to understand the neural circuits used by autistic individuals in the perception of social and emotional stimuli as well as in tasks requiring cognitive flexibility.

Novel approaches for finding genes in autism

In this study, Dr. Piven and Dr. Tom Wassink of the University of Iowa bring together an experienced group of molecular geneticists and behavioral and statistical geneticists to employ novel methods for searching for genes that cause autism. DNA from a large sample of families with two or more autistic individuals, previously collected by this group from all over the United States, will be studied.

Gene dissection of autism-related behaviors in mice

Terry Magnuson, MD, chair of UNC's Department of Genetics, leads this study along with co-investigators David Threadgill, PhD, Jean Lauder, PhD, and Jacki Crawley, PhD, of the National Institute of Mental Health. This study examines the relationship between gene expression profiles, expressed from selected brain regions in various mouse strains and variations in behavior seen in mice, such as abnormalities in social behaviors, which might provide insights into qualitatively similar behaviors in autistic individuals.

Photos by Jay Mangum

An additional subproject of the neuroimaging study portion involves examining the development of connections between parts of the brain in very young autistic children, as they age from 2 to 4. UNC researchers have previously demonstrated that the brains of autistic individuals are larger than normal, as a result of abnormal process in early development. Here, Dr Aysenil Belger (seated) and Dr. Joseph Piven meet with a young patient and his mother to review his recent MRI.

Developmental psychopharmacology in autism

In this treatment study, principal investigator Lin Sikich, MD, assistant professor of psychiatry, along with co-investigators Dr. Bodfish and Jeffrey Lieberman, MD, Thad and Alice Eure Distinguished Professor of Psychiatry and vice chair for Research and Scientific Affairs, examine the effects of selected medications on the behavioral and cognitive development of autistic children.

Other projects of the NDRC Autism Research Program

In addition to these five studies, over the last three years the NDRC has also garnered substantial funding for a range of other autism studies. While the STAART grant is the centerpiece of these efforts, additional projects examine service delivery to autistic individuals, incidence and prevalence of autism in North Carolina, early development of sensory abnormalities and brain development in a possible mouse model of autistic behaviors.

Such research adds to UNC's longstanding expertise in autism.

In 1972, the N.C. General Assembly established the Treatment and Education of Autistic and Related Communication Handicapped Children program (TEACCH) through UNC's psychiatry department. TEACCH is the first statewide comprehensive program for the care of autistic individuals, leading the field of autism services.

It has served as an international model for service delivery and the training of health care providers through nine regional centers. Over the last year, with support from the state legislature, TEACCH has opened a Medical Consultation and Psychopharmacologic Treatment Clinic to provide psychiatric evaluation and treatment for complicated cases requiring physician input and medication management.

Psychiatry residents now routinely rotate through this clinic as part of their training, establishing a steady source of expertise to the wider North Carolina community.

The presence of a nationally recognized program for autism research at the NDRC now complements this longstanding and pionenering effort of the TEACCH Program, establishing UNC as one of the premier centers in the world for autism research, service and training and providing hope that one day the puzzle of autism will be solved.

Lickety-split

The UNC Consultation Center helps physicians get connected

By Rebekah Butler

In 90 seconds, the connection is made. After holding on the line briefly, a pediatrician in Laurinburg consults with a pediatrician at UNC Hospitals about a cardiac arrhythmia one of his young patients is presenting.

No call is exactly the same.

One moment an obstetrician in Rocky Mount needs to speak to another obstetrician who specializes in fetal abnormalities. Then a primary care physician in Rutherfordton needs to speak to an oncologist.

Some 5,000 calls are received by UNC Health Care's Consultation Center every month. By placing a call to the center, a physician can be connected to a specialist in less than two minutes to discuss a patient's case.

The center's services are available to physicians everywhere at no charge, but the majority of calls received are from physicians within North Carolina. According to Suzanne Herman, RN, director of Public Affairs & Marketing, the center's primary goal is to provide referring physicians better access to physicians at UNC.

"By providing better access to UNC physicians, the Consultation Center facilitates physician collaboration in alignment with the mission of the School of Medicine and UNC Hospitals of providing quality health care to all North Carolinians," Herman said.

Today, the center is considered a model for physician-to-physician referral, but UNC physicians were not always so accessible. In fact, complaints of barriers from referring physicians are what spawned the creation of the Consultation Center.

The center grew out of an alumni meeting held in the early 1980s that addressed how the School of Medicine could better serve alumni. According to William Easterling, MD '56, professor emeritus and chief of staff from 1974 to 1989, one suggestion that came out of the meeting was improved communication between referring physicians and School of Medicine faculty. "We learned from the meeting that referring physicians and referring alumni were having difficulty reaching our staff," Easterling said.

Established in 1985, the Consultation Center was modeled after a program at the University of Alabama at Birmingham. The center received 30,000 calls its first year. Since then, the center's call volume has increased every year, logging more than 60,000 calls last year. Nearly a dozen medical centers across the United States have used the center as a model for developing similar programs.

The Consultation Center's success, though not unparalleled, is unique. One component that has been instrumental to the center's success, according to Herman, has been the support of UNC's physicians.

"Call centers like the Consultation Center cannot exist without the buy-in of physicians. It is their attentiveness that is crucial to such a program's success," Herman said.

Much of the physician support for the Consultation Center has been garnered by the center's longtime medical director, Harold C. Pillsbury III, MD. Dr. Pillsbury not only has served as the medical director of the center since its opening, but also was instrumental in the center's creation.

"The Consultation Center has allowed us to improve communication with referring doctors around the state, allowing them to discuss patients with us whether they are to be referred here or cared for at home," Dr. Pillsbury said.

"The only way that the Consultation Center has been able to work here at UNC is because we've had a physician champion," Herman said of Dr. Pillsbury's contribution.

Jack Wolf, MD' 86, a family practice physician in Graham who uses the Consultation Center frequently, agrees that it has been the physician participation that has led to the success of the center.

"I think that being able to reach an attending physician with both up-to-date research information and clinical

Photo by Brian Strickland

Consultation Center staff connect referring physicians, including referring alumni, to physicians at UNC Hospitals in 90 seconds. Some 5,000 calls are received by the center every month.

background is invaluable. Most of the physicians I speak with go out of their way to help me, including tracking down articles and sending me written material," Dr. Wolf said.

Dr. Wolf typically calls the center two to three times a week, and according to Herman, many of the center's frequent users are School of Medicine alumni. "The center enables former students and residents to stay connected to the School of Medicine and UNC Hospitals, and it gives us a link to communities around the state," she said.

Extending beyond one-way communication, the Consultation Center's services also include connecting UNC physicians with referring physicians. Additionally, the center provides a clinical note service in which referring physicians are faxed the notes from a patient's visit.

Today, the Consultation Center has more than 15,000 physicians in its database. Physicians are entered into the database the first time they call the center and are deleted only if the center finds it no longer has a physician's current mailing address.

In addition to facilitating communication between UNC and referring physicians, the Consultation Center offers practice-enhancing resources to physicians in its database. The center sends out a monthly newsletter as well as a bi-monthly business journal called *Physicians Practice*.

Every two years, the center publishes a comprehensive directory of School of Medicine faculty, indexed by name, specialty and research interests and is distributed to all physicians in the database. It also works to inform referring physicians of clinical findings originating at UNC.

Herman said the Consultation Center has given the School of Medicine and UNC Hospitals the opportunity to continue existing relationships and build new relationships with physicians around the state.

"The relationships the center establishes," Herman said, "allow referring physicians and UNC physicians to work as a team with the common goal of improving patient care."

To reach the Consultation Center, phone (800) 862-6264.

'To get their life back'

UNC's spectacular new Wellness Center at Meadowmont combines clinical services and fitness center amenities

By Tom Maltais

The Wellness Center at Meadowmont bustles with the activity of people putting their best efforts toward maintaining or regaining a healthy lifestyle. UNC Health Care built the two-story, 52,000-square-foot facility in response to consumer demand for services that contribute to a person's mind, body and spirit and not just the muscles that carry them.

The center meets this need with an extensive array of equipment, classes and personalized counseling available to its members. At the center's core is a clinical component that empowers its health care providers and their patients with facilities never before available in Chapel Hill.

"The Wellness Center is an integrated model that combines traditional fitness center amenities with clinical services, alternative therapies and health-education programs," said Dan Lehman, administrative director of cardiovascular and wellness services at UNC Hospitals. "While membership is open to the general community, we work with clinicians to help individuals with chronic conditions and those recovering from acute illness by providing rehabilitation, education and structured lifestyle management."

One clinical aspect of the center is its cardiac rehabilitation program. Patients are referred to this three-month, phase II program by their physician, usually following a heart attack, bypass surgery or angioplasty.

Patients exercise as a group under the watchful eye of the cardiac rehabilitation staff, including a physician and ACLS certified nurses. In addition to providing close medical supervision during the group's exercises, it is the mission of these staff members to take a multidisciplinary approach to help patients reduce their individual risk factors for heart disease and avoid another cardiac event. Each patient is evaluated and counseled regarding a heart healthy diet, stress management, smoking cessation and returning to work. Graduates of the program are encouraged to exercise on their own at the Wellness Center, another facility or at home or join the cardiac rehab's graduate sessions held twice a week.

While on the surface it may appear the group is exercising in a uniform manner, each patient is following an individualized exercise prescription written by the center's exercise physiologists. The program takes into account each member's risk factors, abilities, stress test results, lipids and target heart rate range.

"Most of our patients find that this is the best support group they could have," said Kathy Hauser, RN, director of cardiac rehabilitation. "They motivate each other, they become friends and that bond keeps them coming."

More than half of the patients in cardiac rehab have some degree of depression that can significantly limit their progress. One-to-one counseling can be provided for patients experiencing certain forms of depression, as well. In-house classes and services such as yoga and licensed massage therapists also may be employed to help reduce stress.

A common source of stress for anyone using a structured workout regimen can be keeping track of the workout itself. Each machine offers an array of weights, speeds and settings that enable members to do an exercise regimen properly. Using the latest in fitness technology, the center offers its users the chance to track all of this information through a computerized database system called FitLinxx. Members enter their unique five-digit code to bring up their personal settings for each machine.

Thirty pieces of strength and cardiovascular equipment are connected through this computerized database. At the start and conclusion of each workout session, a user can

The Center's staff provides personal attention to participants, big and small, to help to help get them moving and to slow down.

Photos by Brian Strickland

With just under 1½ acres of floor space, The Wellness Center offers its patients and members an extensive range of equipment and services.

print a workout card, graphs or workout summaries at any one of the center's kiosks. Members can also check in and out of FitLinxx via the kiosks. More detailed information with charts and graphs may be found using the link to FitLinxx on the center's web site.

"This system helps people tremendously in tracking their progress," said Jamy McGee, MA, fitness director. "This allows them to focus on getting healthier and not trying to remember each setting for every machine."

What sets the center apart from other facilities is its mission of caring for each patient and member as a whole person. This has been done through a multidisciplinary approach that empowers patients to care for themselves while on a treadmill, in the kitchen or at the grocery store.

The center's Health Education department provides initial diet and nutrition assessments, and, if needed, personal counseling to help patients and "total wellness" members maintain healthy eating habits. Most patients are referred to nutrition counseling to help deal with their diabetes, obesity and gastrointestinal issues.

"Our classes include exercise components and behavioral modification," said Anne-Marie Witkege, PhD, RD, director of Health Education at center. "We measure success through very subjective lifestyle and behavior changes and not always by pounds and inches lost."

Measuring success in terms of range of motion, strength gained and flexibility falls on the shoulders of the center's outpatient physical therapy clinic. The clinic's staff works with, but is not limited to, patients who have had joint replacement, back surgery, back pain, neck pain, rotator cuff surgery and damaged ACLs. The clinic also works with a geriatric population experiencing limited mobility, as well as with patients who may be considered "deconditioned" through an extended stay in a hospital or nursing home.

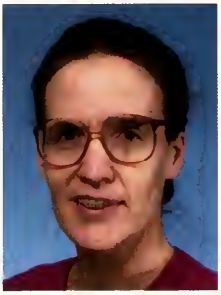
"There's nothing orthopedic that we don't see here," said Mike McMorris, PT. He attributed part of the clinic's success to its location within the Wellness Center. "The availability of the Wellness Center's equipment gives our clinic a major advantage. In particular, our warm water therapy pool is a tremendous help to our arthritic patients."

In some cases, the effects of a patient's ailment or injury carries over into their workplace. The center addresses this need by providing vocational counselors. The care these professionals provide may include helping patients perform their jobs in the face of new physical challenges or even learn an entirely new skill.

"No matter how they are referred to us, each patient comes here to get their life back," Hauser said. "We work together as a team to help them do that."

The Wellness Center is located in the new Meadowmont community in Chapel Hill on N.C. Highway 54. For more information, call (919) 966-5500 or visit www.uncwellness.com.

ALICE AMMERMAN, DPH, associate professor of Nutrition, along with colleagues **Boyd Switzer, PhD**, associate professor of Nutrition, and **Marci Campbell, PhD**, associate professor of Nutrition, were recently awarded the Sarah Mazelis Best Paper of the Year Award for Health Promotion Practice. The award was presented at the annual meeting of the Society for Public Health Education in Philadelphia for the paper "The PRAISE! Project: A Church-Based Nutrition Intervention Designed for Cultural Appropriateness, Sustainability, and Diffusion."



AMMERMAN

ROBERT BASHFORD, MD, associate professor of Psychiatry, received the Hyman Battle Excellence in Teaching Award for the Clinical Sciences at the annual meeting of the Whitehead Society.

FRIEDA BEHETS, PHD, associate professor of Medicine, has been awarded a five-year Technical Assistance Grant by the Global AIDS Program of the CDC. The initial target country for UNC will be the Democratic Republic of the Congo.

ELIZABETH A. BELL, MD, MPH, associate professor of Anesthesiology, has been named a member of the Centers for Disease Control/ American College of Obstetricians and Gynecologists (CDC/ ACOG) Joint Task Force on Maternal Mortality and the N.C. Maternal Mortality Committee.

BELL

Dr. Bell has also been reappointed chair of the North Carolina Medical Society's Patient and Family Health Committee. The committee advises the Division of Women's & Children's Health on matters relating to the participation and performance of physicians in the Children's Special Health Services Program and considers health care issues related to aging, mental health and domestic violence.

CAROLYN J. BROWN, MS, and **CAROL H. GILMER, MS**, each were promoted to assistant professor of Otolaryngology. Brown is the program director of the W. Paul Biggers Carolina Children's Communicative Disorders Program, and Gilmer is the director of the Adult Cochlear Implant Program.

MYRON COHEN, MD, professor and chief of Infectious Diseases was the chair of the planning committee and a keynote speaker for the first Sino-American AIDS Research Summit in Beijing. The UNC Fogarty Center played a key role in the organization of the summit. More than 300 people attended, and the meeting attracted worldwide attention.

ROSILAND COLEMAN, MD, professor of Nutrition and Pediatrics, has won the Osborne and Mendel Award. The award is given for outstanding recent basic research accomplishments in nutrition. The award, which will be presented at the 2003 Experimental Biology meeting in San Diego, will include the presentation of an engraved plaque and $2,500. Dr. Coleman's work addresses growing concerns about obesity and diabetes in the United States. More specifically, her work focuses on pathways of triglyceride synthesis that may be targets for nutritional and pharmaceutical agents.

FRANK CONLON, PHD, assistant professor of Genetics, received the 2003 UNC Junior Faculty Development Award. He also received an AHA grant for "The Molecular & Cellular Role for TBX5 in Heart Development."

FULTON T. CREWS, PHD, director of the UNC Bowles Center for Alcohol Studies and a professor of psychiatry in the School of Medicine, was chosen by the Grass Foundation of Braintree, Mass., to receive the Forbes Lectureship. Each year a high-profile scientist in neuroscience is invited by the trustees of The Grass Foundation to present two lectures.

ALAN W. CROSS, MD, professor of Social Medicine, was recently selected as a distinguished finalist for the 2002 Humanism in Medicine Award. The award is given annually by the Association of American Medical Colleges, with support from the Pfizer Medical Humanities Initiative. Dr. Cross is one of 53 honorees nationwide who were nominated by student representatives of the AAMC.

JONATHAN J. DUTTON, MD, PHD, recently was appointed professor of Ophthalmology. Before coming to UNC, Dr. Dutton founded the Atlantic Eye & Face Center in Cary, N.C. He also has held positions at Duke and Princeton universities.

Dr. Dutton is nationally recognized as an authority in oculoplastic surgery and ophthalmic oncology. He is the author of more than 200 scientific articles and five textbooks and has been an invited speaker at more than 150 conferences in 27 countries.

PAUL A. GODLEY, MD, PHD, associate professor of Hematology/Oncology and associate professor of Epidemiology and **Timothy Carey, MD, MPH**, director of the Cecil G. Sheps Center for Health Services Research and professor of General Medicine, will direct "The Carolina-Shaw Partnership for the Elimination of Health Disparities," funded by a five-year $6 million grant from the National Center for Minority Health and Health Disparities. The partnership will combine UNC's

research and teaching expertise with Shaw University's expertise in strengthening black communities and training minority leaders. Components of the new partnership include research training for undergraduates, a pilot grant program, an intervention to enhance minority recruitment to clinical trials, the creation of an IRB for Shaw and a community-based participatory research project focusing on Raleigh, N.C., churches.

GODLEY

ROBERT HAMER, PHD, professor in the division of Psychobiology and Research, recently served on the NIMH Interventions Review Committee study section.

JEFFREY LIEBERMAN, MD, distinguished professor of Psychiatry and vice chair for Research and Scientific affairs, was presented with a $500,000 Unrestricted Neuroscience Research Grant from Bristol-Myers Squibb. The grant will help support research into the pathogenesis of schizophrenia and related psychotic disorders.

JEFFREY MACDONALD, PHD, assistant professor of Biomedical Engineering, recently received an R.J. Reynolds Junior Faculty Award in the amount of $5,000.

TERRY MAGNUSON, PHD, professor and chair of Genetics, received a Child Health & Human Development grant titled, "Allelic Series of Genomic Modifications in ES Cells."

MAGNUSON

MARIANNE S. MUHLEBACH, MD, assistant professor of Pediatrics Pulmonology, has been named as a Mentored Clinical Research Scholar under a new grant awarded to UNC through the National Center for Research Resources of the NIH. Her project will start in July and focus on the interaction of bacteria and pulmonary immune defense in the early onset of lung inflammation in young children with cystic fibrosis.

ANTHONY N. PASSANNANTE, MD, associate professor of Anesthesiology and director of Resident Education for Anesthesiology, currently serves as Question Writer and Junior Editor for the annual ABA-ASA In-Training Examination.

OLIVER SMITHIES, DPHIL, excellence professor of Pathology and Laboratory Medicine, has been selected to share in the 2002-2003 Wolf Prize in Medicine. Moshe Katsav, president of Israel, will present the award during a special ceremony at the Chagall Hall of the Knesset Building in Jerusalem. Dr. Smithies will share the award and the $100,000 prize with two U.S. colleagues.

Dr. Smithies also presented the 2002 Norma Berryhill Distinguished Lecture recently. In addition to honoring Dr. Smithies, the Berryhill Lecture served as an occasion to welcome new faculty members in an academic convocation.

SMITHIES

WALTER TAN, MD, associate professor of Cardiology, received the American College of Cardiology Keating Award for a research proposal on peripheral vascular disease.

DAVID THREADGILL, PHD, assistant professor of Genetics, received the 2001-2002 Teaching Excellence Award from the School of Medicine's Dean's Office.

MARK C. WEISSLER, MD, chief of the division of Head and Neck Oncology, has been elected to the Board of Governors of the American College of Surgeons as a Specialty Society Governor from the American Laryngological Association. Governors are the direct communications link between fellows, surgical specialty societies and chapters and the officers, regents and staff of the college.

NANCY C. WILKES, MD, associate professor of Anesthesiology, has been reappointed to serve on the Committee on Communications for the Society for Ambulatory Anesthesia, the primary anesthesia society for the specialty of ambulatory anesthesia and a subspecialty organization of the American Society of Anesthesiologists. The committee is responsible for disseminating information about ambulatory anesthesia to both the public and professional communities via Web site discussion group, press releases and biannual meetings.

MITCHELL WILSON, MD, associate professor of Medicine, was named to the National Association of Inpatient Physician's Southern Region Leadership Council, and was course director for, and chairman of, the NAIP Fifth Annual Meeting Organizing Committee held two days before the annual ACP-ASIM meeting in Philadelphia.

JOHN D. WRIGHT JR., MD, associate professor of Ophthalmology and Pediatrics, was recently appointed as the American Academy of Ophthalmology representative to the American Registry of

Dean Jeffrey Houpt, MD, second from left, was honored with the 2002 George Ham Society Distinguished Alumnus Award. Featured with Dr. Houpt are (L to R) Jeffrey Lieberman, MD; Robert Bashford, MD; Robert Golden, MD, Psychiatry chair; and Charles Nemeroff, MD.

UNC unveils plan for handling potential smallpox outbreak

The threat of the smallpox virus being used as a biological weapon has created a swirl of debate in the health care arena regarding employee immunizations, patient precautions and worker's compensation. The UNC Health Care System has stepped forward and taken measures in compliance with President Bush's declaration that smallpox vaccinations be offered to the military, health care teams and, possibly at a later date, the public.

Based on guidance from the Centers for Disease Control and Prevention, UNC will offer the vaccine to about 100 healthcare workers in key specialties (see box). These teams will provide in-room care for the first smallpox patients presenting to the emergency department or requiring hospital admission. If needed, the teams will provide continuous care for seven to 10 days using eight- to 12-hour shifts.

"We have done our best to inform employees," said David Weber, MD, MPH, medical director of Occupational Health and Hospital Epidemiology. "We have held two open forums for all employees to ask questions. Each one was videotaped, with 15 copies made available for supervisors and managers to sign out. We also conducted interviews with the local media as well as met with the Housestaff Council and departments throughout the Hospitals and will conduct surgical grand rounds. People want to know about side effects, risks and potential benefits."

UNC Hospitals is listed in the first group of hospitals in North Carolina likely to receive a suspected or confirmed smallpox case as part of the North Carolina Smallpox Vaccination Plan submitted to the CDC by the Division of Public Health's Office of Public Health Preparedness and Response. The hospitals listed in this plan have been grouped together by the total number of emergency room visits they receive each year (greater than 20,000 visits for Group 1).

"Preference in the selection process has been given to volunteers who have previously received the vaccine, since such persons are at lower risk for adverse reactions," said Dr. Weber. "Health care providers working in the Neonatal ICU or Bone Marrow transplant unit are not eligible to participate at the current time."

Immunization provides protection for these employees prior to placing patients on precautions. In addition to immunization, the proper use of personal protective equipment (PPE), including gloves, gowns and masks, provides protection for hospital staff against the acquisition of smallpox or vaccinia. Health care workers using proper PPE would provide patient care in the event immunized workers were not immediately available.

SMALLPOX VOLUNTEERS

- ED staff including physicians and nurses
- ICU staff including physicians and nurses (adult and pediatric)
- General medical unit staff in hospitals where they provide primary care (internists, family practice, obstetricians)
- Subspecialists-infectious diseases, dermatologists, ophthalmologists, surgeons
- Infection control professionals
- Vaccinators and site care clinic workers
- Respiratory therapists
- Radiology technologists
- Security personnel
- Housekeeping and transport staff

The vaccine is given using a two-pronged needle that is dipped into the vaccine solution and administered to the skin, usually in the upper arm, a number of times within a few seconds. If the vaccination is successful, a red, itchy bump develops at the vaccine site in three or four days. In the first week, the bump becomes a large blister, fills with pus, and begins to drain. During the second week, the blister begins to dry up and a scab forms. The scab falls off in the third week, leaving a small scar.

"Each lesion will be covered with gauze and semipermeable dressing," said Dr. Weber. "We will evaluate each immunized employee at least two times a week until the scab falls off, leaving healthy skin."

Health care providers working in the Neonatal ICU or Bone Marrow Transplant Unit will not be eligible to participate in the immunization. Others who were advised not to be vaccinated as a

Gov. Easley visits burn victims, families

N.C. Gov. Mike Easley (standing left) visited the relatives of a pharmaceutical plant explosion and fire in Kinston. Burned victims had been transported to the N.C. Jaycee Burn Center for treatment. The governor first met with the patients in their rooms, spoke with friends and family of the victims and then answered reporters' questions. Below right, Gov. Easley talks with Jeffrey L. Houpt, MD, dean of the School of Medicine.

Photos by Jay Mangum

pre-event measure included persons who are pregnant, immune suppressed, have ever had eczema or atopic dermatitis or have a close contact or household member with these conditions.

"UNC Health Care will cover the cost of care for any of its immunized employees who develop adverse reactions and require medical care as a consequence of the inoculation," said Dr. Weber. "Employees who are unable to work will have their time off covered by administrative leave for the first 14 days following the inoculation and then by worker's compensation."

All university employees will be covered under the UNC worker's compensation plan.

UNC Health Care may move into Stage 2 and make the vaccine available to all hospital employees if directed to do so by the CDC and the N.C. Department of Health.

– Tom Maltais

New UNC chief nursing officer to focus on retention and shortage

Mary Tonges, RN, PhD, has joined UNC Health Care as chief nursing officer.

She spent the early part of her career progressing from staff nurse to director at Northwestern Memorial Hospital in Chicago, and over time worked with several health care organizations in Massachusetts and New

Photo courtesy of the White House

President George W. Bush congratulates Ernest Grant at the White House on Jan. 29 for being named 2002 Nurse of the Year by Nursing Spectrum Magazine. *Grant is a nursing education clinician in the N.C. Jaycee Burn Center at UNC Hospitals.*

Jersey. For seven years she worked as a national and international health care consultant, including work with projects in South Africa and Australia, while concentrating on her doctoral program.

"One of the most important things learned from all of the places I have been is that open communication is key," Tonges said. "The constant exchange of information, feedback and ideas between staff and management always leads to better quality of care."

Over her 30-year career, Tonges has been honored with several awards and distinctions, most notably as a Distinguished Practitioner in the National Academies of Practice in Nursing in 1998 and as a fellow in the American Academy of Nursing in 1999. She also serves on the board of directors for the American Organization of Nurse Executives and the Committee for Health Professions for the American Hospital Association. Under her leadership as senior vice president of Nursing and Patient Services at Robert Wood Johnson University Hospital, the hospital received the Governor's Award for Quality and was re-designated as a recipient of the ANCC Magnet Award for Nursing Excellence.

Two of the key issues she plans to address during her tenure at UNC concern improving nurse retention and recruitment.

"I have worked through serious shortages in the 1970s and 1980s and know that solutions can be found," she said. "Success requires the creativity to develop new approaches and the courage to try them."

— Ning Zhou

'Peaches' Dunlap, longtime dean's assistant, dies

Sarah Virginia "Peaches" Dunlap died Feb. 13. Dunlap joined the School of Medicine in 1942 as assistant to the dean and secretary of the faculty. In her position, Dunlap served for all but one year under Dean Walter Reece Berryhill, MD. Dunlap left the School of Medicine in 1965, but rejoined the university in 1970 as assistant secretary to the university's Board of Trustees. In 1972, she became the first secretary of the University of North Carolina at Chapel Hill, a position she held until her retirement in 1984.

Dunlap

Dunlap was one of the first four recipients of the C. Knox Massey Distinguished Service Awards for "unusual, meritorious or superior contributions made by an employee, past or present, to the university." In 1987, she was one of five to receive the Distinguished Service Medal awarded by the General Alumni Association. In recognition of her work for the university, the university's trustees named her "Honorary Trustee Emeritus."

60s

Robert Vanderberry, MD '68, is retired from pediatrics and addiction medicine. Dr. Vanderberry recently wrote his first novel, Professional Discourtesy. The medical murder mystery is based on the principles of addiction and contains a significant amount of forensic technology.

70s

Stephen B. Billick, MD '73, was awarded the Outstanding Service Award of the American Academy of Psychiatry and the Law in October. Dr. Billick is a clinical professor of psychiatry at New York Medical College and also holds faculty appointments at Columbia University College of Physicians and Surgeons and New York University School of Medicine.

Mary Daly, MD '78, has been elected president of the American Society of Preventive Oncology. Dr. Daly is the director of the Cancer Control Science Program at Fox Chase Cancer Center in New Jersey.

Bob Patterson, MD '78, has been appointed to the board of trustees for Central Carolina Community College. Dr. Patterson lives in Sanford, N.C., where he is the medical director of The Family Doc – Diagnostic and Wellness Center.

80s

Kenneth E. Hollingsworth, MD '80, retired from the Navy in 2000. Dr. Hollingsworth now is the chair of the Department of Anesthesiology at Nanticoke Memorial Hospital in Seaford, Del.

Douglas K. Holmes, MD '80, a colonel in the Air Force, as been named commander of the 916th medical squadron, part of the Air Force Reserve 916th aerial refueling wing at Seymour Johnson Air Force Base in Goldsboro. Dr. Holmes has a private otolaryngology practice in Raleigh, N.C.

Sharon Belinda Langley, MS '80, earned a doctor of audiology degree from the University of Florida, Gainesville, in December. Dr. Langley is the owner of a private auditory disorders practice in Columbia, S.C.

Mary John Baxley, MD '82, has been elected president of the Greater Greensboro Society of Medicine. Dr. Baxley is only the fifth female to be elected in the last 100 years. Dr. Baxley practices internal medicine and pediatrics in Greensboro, N.C.

Margaret A. Noel, MD '83, has been awarded the Z. Smith Reynolds Foundation's Nancy Susan Reynolds Award for public service to the community. Dr. Noel, a geriatrician, is the founder and director of the nonprofit Memory Assessment Clinic and Lebedeff Eldercare Resource Center in Asheville, N.C.

Steven J. Baumrucker, MD '86, recently was appointed fellow of the American Academy of Hospice and Palliative Medicine. In addition to being associate editor in chief of the American Journal of Hospice and Palliative Care, Dr. Baumrucker recently was appointed co-editor of the Journal of Terminal Oncology. Dr. Baumrucker is medical director of palliative care service for the Wellmont Health System in Rogersville, Tenn. Dr. Baumrucker and his wife, Tacie, are expecting their first child in May.

Lorna Westfall, MD '89, is chief of the medical staff at Eglin Air Force Base in Florida. In addition to her administrative responsibilities, Dr. Westfall still sees patients on a part-time basis. Dr. Westfall joined the Air Force after her residency in family practice. Since enlisting, Dr. Westfall has been stationed in California and Italy.

90s

Dipak Ranparia, MD '92, and his wife, Mital, welcomed the birth of their son, Valmik, in November.

JoAnne Rauschkolb, MPT '96, is now a certified hand therapist. Ms. Rauschkolb practices at an outpatient clinic in Valencia, Calif.

Roderick Hargrove, MD '98, is a fellow in ophthalmic oncology and orbital reconstructive surgery at St. Jude Children's Research Hospital. Before arriving in Memphis, Tenn., Dr. Hargrove completed an ophthalmology residency at the State University of New York Downstate Medical Center, where he was named the ophthalmology resident of the year for 2000-01.

2000s

Aran O'Malley, MD '01, is an orthopedic surgery resident in Memphis, Tenn. Dr. O'Malley is engaged to be married to Sarah Schissler in June.

Deaths

Harold H. Newman Jr., CMED '43, died in November. Dr. Newman lived in Salisbury, N.C., and his specialty was general medicine.

John T. Dees, CMED '50, died in February. Dr. Dees lived on Bald Head Island, N.C., and his specialty was family medicine.

Major study tests best ways to lower heart disease, stroke risk in type 2 diabetes

UNC is one of 70 clinics nationwide and in Canada taking part in a major new study to test three promising approaches to lowering heart disease and stroke risk in adults with type 2 diabetes.

The Action to Control Cardiovascular Risk in Diabetes study, or ACCORD, is funded by the National Heart, Lung, and Blood Institute, part of the National Institutes of Health. The National Institute of Diabetes and Digestive and Kidney Diseases, another component of the NIH, is providing additional support.

"This study is the largest diabetes study ever conducted in the United States," said John Buse, MD, ACCORD vice-chairman and associate professor of medicine at UNC.

The study will involve about 10,000 people, 10 percent recruited in North Carolina, he added.

ACCORD is being conducted at the UNC Diabetes Care Center, where 25 people have been treated under this protocol during the last two years and an additional 100 people with type 2 diabetes will be recruited during the next two years.

The study is expected to continue until June 2009. Most participants can expect their involvement to last from 5.5 to 8.5 years.

"We hope to examine what are the appropriate blood sugar control targets, blood pressure control targets and cholesterol targets to reduce the risk of heart attack and stroke in people with diabetes. Arguably these are the most important clinical questions that doctors have; namely, how aggressively should we really treat people with diabetes," Dr. Buse said.

BUSE

Dr. Buse, who directs the UNC Diabetes Care Center, said diabetes is among the leading public health problems in the state. "North Carolina is part of the 'diabetes-heart attack-stroke belt' that runs through the Southeast, affecting vast numbers of people with serious morbidity."

Currently, about 500,000 North Carolinians have type 2 diabetes, previously called adult onset or non-insulin-dependent diabetes mellitus, a disorder in which the muscle and fat cells do not use insulin properly.

ACCORD will determine whether lowering blood glucose to a goal closer to normal than called for in current guidelines reduces cardiovascular disease risk associated with the condition.

"The studies we've done to date indicate that an index of average blood sugars in the low to mid-100s is associated with better outcomes than higher numbers," Dr. Buse said.

Many people with type 2 diabetes have high blood pressure, and one part of the trial will determine the effects of lowering blood pressure in the context of good blood sugar control.

In addition, many people with diabetes have high levels of LDL, the so-called "bad" cholesterol, and triglycerides, as well as low levels of HDL, or "good," cholesterol. ACCORD participants selected for this part of the trial will be assigned to an intervention that improves blood fat levels.

This part of the study will look at the effects of lowering LDL cholesterol and blood triglycerides and increasing HDL cholesterol compared to an intervention that only lowers LDL cholesterol, all in the context of good blood sugar control. A drug from a class of drugs called fibrates will be used to lower triglycerides and increase HDL cholesterol, whereas a drug from the class of drugs called statins will be used to lower the LDL cholesterol.

Patients with type 2 diabetes who volunteer to participate in the ACCORD study will undergo a variety of tests to determine if they are eligible. Participants selected for the UNC Diabetes Care Center study will be assigned to a glycemia study group and receive all their blood sugar treatment

from Buse and the center's staff. They will also be assigned to the cholesterol study or the blood pressure study and receive their cholesterol or high blood pressure care, as well.

ACCORD study participants will receive all medication and treatments related to the study at no charge and will continue to see their personal doctor for all their other health care needs.

"This is the first large-scale study in patients with diabetes to test the effects of intensively controlling blood sugar along with aggressive control of blood pressure and lipids," said National Heart, Lung, and Blood Institute director Dr. Claude Lenfant.

"Given the serious consequences of type 2 diabetes, we expect that the ACCORD study will meet its overall goal to address this significant public health challenge."

People who have the condition die of cardiovascular disease at rates two to four times higher than those who do not have diabetes. Type 2 diabetes also increases an individual's risk of nonfatal heart attacks and strokes, studies indicate.

Type 2 diabetes is associated with older age, obesity, a sedentary lifestyle and a family history of the condition. Blacks, Hispanics, American Indians, Asians and Pacific Islanders at particularly high risk.

Those interested in participating in ACCORD should call (877) 238-4825 or (919) 484-0931 ext. 271 and leave their name, telephone number and the best time to contact them.

— Leslie H. Lang

Iron overload gene tied to colon cancer increased risk

UNC researchers have found that people with gene mutations associated with abnormally high iron levels are 40 percent more likely than others to develop colon cancer.

A report of the research published in the *Journal of the National Cancer Institute* on Jan. 15 found the cancer risk greater in mutation carriers who are older or who consume high quantities of iron.

"Our findings are consistent with the view that taking in too much iron may be an environmental risk factor for colon cancer in some people," said study lead author Nicholas J. Shaheen, MD, assistant professor of medicine and assistant professor of epidemiology in the UNC School of Public Health.

Iron is a pro-oxidant, thus high iron levels can lead to free radical formation and DNA damage, said Shaheen and co-authors. The authors added that iron is an essential element for tumor cell growth and proliferation.

People inherit two copies of a gene known as HFE, one from each parent. Mutations to the gene are common, occurring in an estimated 15 percent of the U.S. population, Dr. Shaheen said. Two such mutations investigated in the study are strongly associated with the development of hereditary hemochromatosis, a condition characterized by iron overload and that leads to problems of the pancreas, liver, heart and other organs. The gene itself encodes a cellular signaling protein that plays a role in iron metabolism.

SHAHEEN

"We don't fully understand why some people develop colon cancer and others do not," Dr. Shaheen said. "Our goal was to look for genetic risk factors for the disease that might be easily identifiable."

Thirteen hundred adults, ages 40 through 79, were involved in this population-based case-control study, including people with and without colon cancer. Participants provided information on total iron intake and use of non-steroidal anti-inflammatory drugs (NSAIDs). Blood samples were provided, and DNA was extracted and analyzed for two major HFE gene mutations.

After controlling for age, race, gender, red meat consumption, NSAID use and total iron intake, study participants with any HFE gene mutation were found to be 1.4 times more likely to have colon cancer than participants with no HFE gene mutation. The risk of colon cancer associated with an HFE mutation was similar for those who did and did not have a family history of colon cancer. And among people with HFE mutations, cancer risk increased with increasing age and with total iron intake.

"When you have a high number of people with the mutation, and although the mutation itself confers only a mildly increased risk, the total number of cancers that may be attributed to HFE mutations could be fairly high," Dr. Shaheen said.

He added that further research on other populations is needed.

"If we can develop a panel of adequate markers that really lets us identify a high risk group, we can concentrate our colon cancer screening and surveillance in that group."

Dr. Shaheen's UNC co-authors include Drs. Lawrence Silverman and Elizabeth Rohlfs from the Department of Laboratory Medicine and Pathology; Drs. Robert Sandler, Laura

Lawrence and Temitope Keku from the Center for Gastrointestinal Biology and Disease and the division of digestive diseases and nutrition; and Drs. Joseph Galenko and Christopher Martin, also from the Center for Gastrointestinal Biology and Disease.

Financial support for the research came from the National Institute of Diabetes and Digestive and Kidney Diseases, a division of the National Institutes of Health.

— Leslie H. Lang

New center for schizophrenia research focuses on brain development

UNC's Department of Psychiatry has received a five-year grant of more than $9 million to form a new Silvio O. Conte Center for the Neuroscience of Mental Disorders to study the onset of schizophrenia. The new center brings together a diverse group of experts from four universities to conduct comprehensive studies of brain development in the earliest stages of life through early adulthood, when the disease is typically diagnosed.

The UNC Conte Center is one of 20 centers in the United States and one of only two named this year. Conte Centers are funded by the National Institute of Mental Health and were created to honor former U.S. Representative Silvio O. Conte, a longtime advocate for scientific research who died in 1991.

Jeffrey Lieberman, MD, Thad & Alice Eure Distinguished Professor of Research and professor of psychiatry, pharmacology and radiology at UNC, is the principal investigator. Anthony LaMantia, MD, associate professor of cell and molecular physiology, and John Gilmore, MD, professor of psychiatry, are co-principal investigators. They have assembled a multidisciplinary team of scientists from UNC, Duke University, Harvard University and the University of Washington to conduct the center's research. The team is comprised of experts in many scientific fields, including adult and child psychiatry, medical genetics, obstetrics and gynecology, neonatology, radiology, computer science and biostatistics.

"The essential and distinctive aspect of this Center is that it unites the intellectual resources of four great universities and the expertise of individuals from diverse scientific disciplines," said Dr. Lieberman. "Through our collective findings, we hope to explain how certain behavioral and neurobiological factors lead to schizophrenia. This could lead to more effective treatment and, possibly, prevention of this debilitating disease."

LIEBERMAN

Conte Centers typically involve multiple research projects investigating severe mental illness. The UNC Conte Center will conduct four interrelated studies using distinct research methods. Researchers will attempt to identify critical brain events that trigger the development of psychotic symptoms associated with schizophrenia.

The Conte grant is the second largest research award granted to the Department of Psychiatry. The department ranks seventh among psychiatry programs that receive funding from the National Institutes of Health, receiving $18 million in 2001. Overall, the UNC School of Medicine ranks 14th.

— Crystal Hinson

Study may help explain sunlight's role in the development of melanoma

A strong link exists between lifetime exposure to ultraviolet (UV) light, particularly lifetime sunburns, and the development of melanoma – the most lethal form of skin cancer. Exactly why that is so remains unclear. Now, for the first time, scientists have identified a specific molecular pathway within cells that becomes mutated by UV exposure, thereby hastening melanoma development.

New findings published in the Feb. 4 issue of Proceedings of the National Academy of Sciences may have implications for screening people at high risk, including those "with a significant history of sunburn and suspicious skin moles" according to study co-author, Norman Sharpless, MD, assistant professor of medicine and genetics at UNC and a member of the UNC Lineberger Comprehensive Cancer Center.

"Who hasn't been sunburned?" he said.

"This work suggests a rational method for risk stratification, for screening questionable skin moles – atypical nevi – for specific molecular lesions."

In the new study, Dr. Sharpless, with colleagues from Harvard Medical School, used mice deficient in an important tumor suppressor protein connected to the "anti-cancer" cell signaling pathway, ARF-p53. In addition to this deficiency, these mice were genetically designed to produce another protein, H-Ras, in their pigmented skin cells, or melanocytes.

"Loss of ARF-p53 and activation of Ras are two of three hallmark events detected in human melanomas. The third being loss in another 'anti-cancer' cell signaling pathway, p16INK4a-Rb." Dr. Sharpless said. This mouse model allowed researchers to selectively test the effects of UV-exposure on the p16INK4a-Rb pathway.

The Rb pathway regulates cell growth. The Retinoblastoma (Rb) protein acts to hold cell proliferation in check. The regulatory capacity of Rb is moderated by CDK6 and the tumor suppressor protein, p16INK4a.

In this work, the authors showed that UV exposure accelerated melanoma formation on the treated mice compared with melanomas arising spontaneously in the absence of UV exposure. The researchers found that targeting the Rb pathway increased the number of melanomas in the mice. In mice genetically engineered to lack p16INK4a, however, UV exposure did not increase melanoma formation.

"These data suggest that it is not so much this gene or that gene, but the pathway that is what UV light targets," Dr. Sharpless said.

"This is one of the better mouse models for any human tumor that I'm aware of," he added. "This finding is unique in that it identifies the Rb pathway as a target of UV's mutagenic action."

The next research step is to look at a collection of clinical samples to determine if exclusive lesions in the Rb pathway are linked to melanomas from patients with a detailed history of UV exposure.

"Melanoma screening is a good idea, but it needs some molecular help to distinguish the really high risk patients from those at a lower risk for developing melanoma." Dr. Sharpless said. "This would be a way to deal with this very large clinically heterogeneous population of patients at risk."

The Howard Hughes Medical Institute and the National Institutes of Health provided funding for the research.

– Kerilyn R. Wick

Fragile X Syndrome focus of new study center at UNC

The UNC Department of Psychiatry and the Neurodevelopmental Disorders Research Center have been awarded a five-year grant of $3.5 million to study brain development in very young children with Fragile X syndrome.

Fragile X Syndrome is the most common inherited cause of mental retardation.

The study involves researchers from both UNC and Duke University, through the Duke-UNC Brain Imaging and Analysis Center and is a collaboration with researchers at Stanford University, who have been awarded an identical grant to conduct this joint study.

Joseph Piven, MD, professor of psychiatry and pediatrics and director of the Neurodevelopmental Disorders Research Center at UNC, is the principal investigator. Other researchers include Drs. Guido Gerig, Heather Cody-Hazlett, Sarang Joshi, Stephan Reznick, Deborah Hatton, Michelle Poe, and Margaret Burchinal from UNC and Drs. James MacFall, James Provenzale and Allison Ross from Duke University.

"There are only a few neurodevelopmental, behavioral disorders for which we actually have identified a causative gene" said Dr. Piven. "Fragile X is one of those disorders. Our multidisciplinary team of researchers at UNC, Duke and Stanford is in an ideal position to study the effects of this genetic abnormality on very early brain development and cognition in children. Prior to the identification of this gene and current neuroimaging techniques, this type of study into gene, brain, behavior relationships during early development, was not possible."

The study examines the brain structure of very young children with Fragile X Syndrome on MRI (magnetic resonance imaging) scans at 2 and 4 years of age. The combined UNC, Duke, Stanford Fragile X Project will study of 60 Fragile X, 60 developmentally-delayed, and 30 typically developing males 18-42 months of age, with follow up brain scans 24 months later.

"Fragile X offers an important model for understanding the developmental relationships between cognitive and behavioral abnormalities, brain structure and function, and gene function," Dr. Piven said. "Our long-term hope in studying this model of gene-brain-behavior relationships is to provide insights into the brain abnormalities and resulting cognitive and behavioral deficits in individuals affected with this disorder to ultimately identify rationale treatments for this condition".

The grant will be conducted from 2002 to 2006 and will be a collaborative effort between the aforementioned researchers at UNC and Duke University, with a research team at Stanford University directed by Dr. Allan Reiss.

The Fragile X grant is one of the largest research awards granted to UNC's psychiatry department in 2002 to study children's' development disorders.

– Crystal Hinson

Van donation

Eric Munson, left, president and CEO of UNC Hospitals, accepts keys to a 2003 Chrysler mini-van from George Gue, division manager for Winn-Dixie. The van was a gift to the N.C. Children's Hopsital to provide transporation for families with children in the hospital's care. Transportation is often needed to and from the Ronald McDonald House of Chapel Hill and area hotels.

UNC Dance Marathon breaks fund-raising record, as N.C. State students inaugurate own event for Children's Hospital

This year's UNC Dance Marathon raised about $168,000 to benefit the patients of the N.C. Children's Hospital, a $46,000 increase over last year's record-breaking total.

Nearly 700 dancers participated in the 24-hour event, which started at 7 p.m. on Feb. 21 in Fetzer Gymnasium.

The Dance Marathon is one of the largest fund-raisers for the Children's Hospital and is organized solely by UNC students.

Money raised by the Dance Marathon goes to the For the Kids Fund, for the benefit of children receiving care in the N.C. Children's Hospital. The Dance Marathon Committee has purposely left this money unrestricted because its members want it available for the programs and patients most in need. In conjunction with the chair of the Department of Pediatrics, they decide each year where their contribution is most needed. Last year, the Dance Marathon raised $122,209. In 2001, it raised $100,289, and in 2000, it raised $70,025.

"The efforts made by this group of students are remarkable. This is truly a special event for the N.C. Children's Hospital and one that makes great impact on our patients and families who visit here," said Eric Munson, president and CEO of UNC Hospitals.

"This dedicated group has devoted their efforts to the children and families in the N.C. Children's Hospital," said Alan Stiles, MD, chair of Pediatrics and physician-in-chief at the Children's Hospital. "This fits perfectly with the family-focused, child-centered care the staff of the N.C. Children's Hospital strive to deliver."

N.C. State gets involved, too

Meanwhile, students at N.C. State University successfully completed their own Dance Marathon, themed "ONE for the Kids."

On Feb. 7, State students danced for 24 hours to raise money for recreational therapy at the Children's Hospital.

Some 70 dancers were joined by an array of bands, student groups and visitors.

As the hours wore on, feet began to hurt, eyelids began to droop and students realized that no sitting and no sleeping for 24 hours was not the easiest task. However, appearances by hospital employees and families reminded dancers of why they were there and provided the extra spark to get them through.

The project raised almost $10,000.

Sister honors physician through gift

The UNC School of Medicine recently received a bequest from the hills of Valdese, N.C., in honor of a loving brother and compassionate physician.

Olga Pascal of Valdese left a percentage of her estate to the School of Medicine in honor of her late brother, Robert A. Pascal, MD, who received his certificate in medicine from the School of Medicine in 1949 and went on to serve the Valdese area as a general practitioner.

Pascal was a well-known local artist who, along with her brother, were avid collectors of art, antiquities, china, porcelains and handcrafts. "Her oil and watercolor paintings gave a charming, often innocent, glimpse into her Valdesian past," said fellow artist and close friend Jackie Deaton. "Her works were carefully and meticulously planned, skillfully executed and to local residents, were priceless."

In keeping with her brother's interests, Pascal's estate gift will be designated for educational programs in the Department of Family Medicine.

Requests to Loyalty Fund hit an all-time high

Maintaining quality education is an expensive mission, and alumni gifts through the Loyalty Fund can provide the margin of difference.

This year the School of Medicine's annual state appropriation saw a significant decrease in funding and many programs suffered cuts. Requests received by Alumni Affairs for support of student activities through the Loyalty Fund, the annual unrestricted alumni fund, reached an all-time high this year. Twenty programs submitted requests exceeding $33,600, compared to the eight programs that sought funds last year totaling $16,600.

Student support remains a priority of the Loyalty Fund this year.

Some of the programs receiving support include the Student Health Action Coalition, American Medical Women's Association, Medical Students for Choice , Students Teaching Early Prevention, Eugene S. Mayer Community Service Honor Society, American Medical Student Association, Family Medicine Interest Group, Awareness of Domestic Violence & Sexual Assault, John B. Graham Research Society, and the Zollicoffer Lecture. Also supported are the publications iris and Insight Out, as well as activities associated with orientation, Family Day and the White Coat Ceremony and graduation.

The Class of 2003 Loyalty Fund Committee meets to discuss plans for their fourth year campaign. The class is organizing the campaign in appreciation of the more than $600,000 given to them from medical alumni through the Loyalty Fund. Pictured with the class are John Foust, MD and James Harper, MD.

James R. Harper, MD '60, associate dean for Alumni Affairs presents a $40,000 check to Carol Jenkins, director of the Health Sciences Library on behalf of alumni gifts to the Loyalty Fund.

Co-chairs of the Durham and Orange County Loyalty Fund Campaign Robert Bashford, MD '71, Jim Manning, MD '85, Pat Guiteras, MD '69, and Ed Norfleet, MD '70, host Dean Jeffrey Houpt, MD (center) at Hope Valley Country Club for the Durham Orange County Dean's Reception.

Julie and Bob Lackey, MD '46 take a moment with Stephanie Stadler of The Medical Foundation of North Carolina at the Mecklenburg County Dean's Reception.

Ray W. Hayworth, MD, dies following battle with cancer

Many in the UNC community were saddened by the recent death of Ray W. Hayworth, MD. The 2002-03 president of the Medical Alumni Association died Dec. 26, 2002, after a valiant battle with cancer.

As president, Dr. Hayworth worked hard to encourage and increase alumni involvement, not just through the Loyalty Fund, but by other means, as well. He often spoke of the essential cornerstones of loyalty: appreciation, gratitude, pride and reciprocity.

"Ray Hayworth represented the consummate alumnus of the UNC Medical School who believed in giving back, or 'reciprocity,' as he so aptly would say," said James R. Harper, MD, associate dean for Medical Alumni Affairs. "His dedication to his position as president of our Medical Alumni Association will always be remembered with deep appreciation."

A native of Asheboro, N.C., Dr. Hayworth received his bachelor's degree from UNC in 1959 and then received his medical degree in 1962. After he completed a tour of active duty as a U.S. Naval Flight surgeon, he completed a psychiatric residency at the University of Tennessee's medical school. In 1970 he moved to Knoxville, Tenn., where he joined the staff at the Helen Ross McNabb Mental Health Center and later established his private practice in 1972.

Even though Dr. Hayworth lived in Tennessee for 38 years, he remained committed to giving back to the School of Medicine. He served on the board of directors of The Medical Foundation of North Carolina, Inc., the School of Medicine's Carolina First Campaign Steering Committee and the National Loyalty Fund Steering Committee. In addition, Dr. Hayworth was inaugural chair of the UNC Department of Psychiatry's Board of Visitors and National Chair of the Department of Psychiatry's Ham Society Annual Campaign. He and his wife, Christine, established a distinguished teaching professorship, as well as several endowed funds at The Medical Foundation to benefit medical students and residency education at UNC.

"He was a man who was genuinely interested in this school. He was soft-spoken, as well as incisive in his thinking. He will be missed in many ways — largely as a friend," said Jeffrey Houpt, MD, dean of the School of Medicine.

Most recently, Dr. Hayworth's devotion and loyalty to the school was recognized with a Distinguished Service Award.

OUR HISTORY

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A new book takes a fond look back at the rich, 50-year history of the UNC School of Medicine's medical degree program and N.C. Memorial Hospital. This commemorative book is packed with rarely seen and never-before-published photographs. The cost of each book is $21.95, including shipping and handling. Proceeds will benefit programs at UNC Hospitals.

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CME/Alumni Calendar

April 22 – Asheville
Dean's Reception for Buncombe County

May 5 – Chapel Hill
HIV Care 2003

May 7 - Wilmington
Dean's Reception for New Hanover County

June 7 – Chapel Hill
Medicolegal Seminar

June 12-15 – Kiawah Island, S.C.
Carolina Refresher Lectures

July 18-20 – Amelia Island, Fla.
Heart Failure Management

Sept. 5-6 – Location to be announced
N.C. Cardiovascular Meeting

Sept. 18-20 – Chapel Hill
Thrombosis Center

Oct. 11-12 – Chapel Hill
Breast Imagining/Digital Mammography

Oct. 17-18 – Chapel Hill
Fall Medical Alumni Weekend

Nov. 21 – Chapel Hill
Psychiatry Across the Ages

Nov. 22-23 Chapel Hill
Ham Symposium

For more information, go to
www.med.unc.edu/alumni and www.med.unc.edu/cme.

Estate Planning Notice

Many individuals would like to make a major gift to the UNC medical center, but cannot commit current assets for such a purpose. Through a will, however, anyone can make a more significant gift than they might ever have thought possible by designating a specific sum, a percentage, or the residue of their estate for the benefit of the medical center.

To provide a bequest, simply include a paragraph in your will naming The Medical Foundation of North Carolina, Inc. as a beneficiary. For example:

"I give, devise and bequeath (the sum of $_____) or (_____ % of my estate) or (the residue of my estate) to The Medical Foundation of North Carolina, Inc., a 501(C)(3) created to maintain funds for the UNC medical center with principal offices located at 880 Airport Road, Chapel Hill, North Carolina."

This language creates an unrestricted bequest for use by the medical center when and where the need is greatest, or you may specify that your gift be used for a particular purpose.

For further information on bequests, contact Jane McNeer at (919) 966-1201, (800) 962-2543, or jmcneer@email.unc.edu.

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